



Teamsters Local 631 Trust Funds

Beneficiary Designation Form

DEATH, ACCIDENTAL DEATH AND DISMEMBERMENT BENEFITS

Member 's Name: _____	Social Security Number: _____	
Beneficiary Name: _____	Date of Birth: _____	SSN: _____
Relationship: _____	Percentage of Benefit to be Received: _____	
Phone: _____	Address: _____	
Beneficiary Name: _____	Date of Birth: _____	SSN: _____
Relationship: _____	Percentage of Benefit to be Received: _____	
Phone: _____	Address: _____	
Beneficiary Name: _____	Date of Birth: _____	SSN: _____
Relationship: _____	Percentage of Benefit to be Received: _____	
Phone: _____	Address: _____	
Secondary Beneficiary Name: _____	Date of Birth: _____	SSN: _____
Relationship: _____	Percentage of Benefit to be Received: _____	
Phone: _____	Address: _____	
Custodial Designation		
If my above named beneficiary is a minor, I hereby designate (print full name) _____ to act as Custodian to receive such benefits on behalf of such child (or children). I understand that I may change this Custodial Designation at any time. I also understand that if I fail to name a Custodian, then the natural parent(s) of the minor will automatically be designated as Custodian. I also understand that if the amount of the benefit is more than \$10,000, and I fail to name a Custodian, the benefit cannot be paid until a Custodian is appointed by the Superior Court.		
Custodian Name: _____	Date of Birth: _____	SSN: _____
Relationship: _____		
Phone: _____	Address: _____	
*If you designate more than one Beneficiary, benefits will be paid to them in equal shares, unless you fill in a different percentage to be received where indicated on this form. For example, if you name two beneficiaries you may state that one will receive 75% and the other 25%. Benefits will be paid to the person you list as a Secondary Beneficiary only in the event your designated Beneficiaries have died. If you fail to designate a Beneficiary or if all of your designated Beneficiaries have died, the benefits will be paid in accordance with Trust rules.		
Member's Signature: _____	Date: _____	