



# Teamsters Local 631 Trust Funds

## **Beneficiary Designation Form**

### **DEATH, ACCIDENTAL DEATH AND DISMEMBERMENT BENEFITS**

<b>Member 's Name:</b> _____	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:	
<b>Secondary Beneficiary Name:</b>	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.

<b>Member's Signature:</b> _____	<b>Date:</b> _____
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