



Teamsters Local 929

Retirement Plan

P.O. Box 122 · Collingswood, NJ 08108
 Toll Free (866) 542-9936 · (856) 382-2468 · Fax (856) 382-2416

MEMBER CENSUS AND BENEFICIARY INFORMATION CHANGE FORM

Employer Instructions: Please have new employees participating in the Teamsters Local 929 Retirement Plan complete this form. Please also use this form to notify the Administrator of any name, address, marital status, or beneficiary changes. When the form is completed, please return it to the Administrator at the above address or via the above fax number. Thank you for your help in keeping our records updated!

Select One: New Employee Change of Address Change of Beneficiary Other _____

PLEASE PRINT LEGIBLY SO IT CAN BE READ EASILY! THANK YOU!

Member Name: _____			
First	MI	Last	Suffix (Jr., Sr., etc.)
SSN: _____	DOB: _____	Date of Hire: _____	
Current Address: Street: _____			
City: _____		State: _____	Zip: _____
Current Home Phone: _____		Current Cell Phone: _____	
New Address: Street: _____			
City: _____		State: _____	Zip: _____
New Home Phone: _____		New Cell Phone: _____	

DESIGNATION OF BENEFICIARY(IES)

Primary Beneficiary	Name DOB Address	SSN Relationship Phone
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***Please Note:** If you are legally married, please read and complete the back of this form as needed.*

<input type="checkbox"/> Primary	Name DOB	SSN Relationship Phone
<input type="checkbox"/> Secondary	Address	Phone
<input type="checkbox"/> Primary	Name DOB	SSN Relationship Phone
<input type="checkbox"/> Secondary	Address	Phone
<input type="checkbox"/> Primary	Name DOB	SSN Relationship Phone
<input type="checkbox"/> Secondary	Address	Phone

I have read the information regarding beneficiary designation on the back of this form, and I certify that the information given on this form is accurate to the best of my knowledge.

Member Signature: _____ Date Signed: _____

The preceding individual(s) or organizations shall be my beneficiary(ies). If neither "Primary" nor "Secondary" is indicated, each named beneficiary will be deemed to be a Primary Beneficiary. If multiple Primary Beneficiaries are named, they will share equally in the available benefit. If any Primary or Contingent Beneficiary dies before me, his or her interest and the interest of his or her heirs shall terminate completely, and the percentage share of any remaining Primary Beneficiary(ies) shall acquire the designated share of my Plan balance.

I understand that, if I name someone other than my legal spouse as a Primary Beneficiary, my spouse must complete the "Spousal Consent" below in the presence of a notary.

Should I designate a minor child as a Primary or Contingent Beneficiary, I understand that I must also complete the "Designation of Guardian" below.

**SPOUSAL CONSENT FOR DESIGNATION OF PRIMARY BENEICIARY(IES)
OTHER THAN SPOUSE
(Designations are not in effect until this form is notarized and returned.)**

I declare that I am the member's spouse and I voluntarily consent to the non-spouse beneficiary designation that appears on the other side of this page. I understand and acknowledge that this designation will cause pre-retirement death benefits to be paid to someone else instead of me.

Spouse's Signature: _____ Date Signed: _____

Notarization:
State of _____, County of _____

On this _____ day of _____, 20____, before me, _____,
the undersigned officer, personally appeared _____, who acknowledged
himself/herself to be the spouse of _____.

IN WITNESS WHEREOF, I hereunto set my had and official seal.

Notary Public My commission expires _____

DESIGNATION OF GUARDIAN FOR MINOR CHILD NAMED AS BENEFICIARY

For the minor child _____, whom I have named as a
Beneficiary, I designate the following person to act as guardian of the benefit until the minor child reaches age 18.

GUARDIAN	Name	Relationship to minor SSN Phone
	DOB	
	Address	