



LOCAL 805 WELFARE FUND

44-61 11TH Street
3rd Floor
Long Island City, N.Y. 11101
(718) 609-6401

DESIGNATION OF BENEFICIARY DEATH BENEFIT

(To Be Completed By Member)
DO NOT SUBMIT TO YOUR EMPLOYER

NAME OF MEMBER AND MAILING ADDRESS (Type or Print)

First, Middle, Last Name

Number and Street

City or P.O., State and ZIP Code

SOCIAL SECURITY NUMBER: _/_/_ _/_/_ _/_/_/_

HOME TELEPHONE NUMBER (Include Area Code):

PRINCIPAL BENEFICIARY DESIGNATION

Any Death Benefits payable by The Teamsters Local 805 Welfare Fund shall be paid in **EQUAL SHARES** unless otherwise specified to the following Primary Beneficiary(ies) who survive me. If no such beneficiary survives, payment will be made in accordance with the terms described in the Plan Document.

Full Name & Address of Each Beneficiary Entered In The Principal Beneficiary Areas Below	Beneficiary's Social Security Number	Relationship To Member	Share To Each (Use Fractions Such As 1/2, 2/3, or All)
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

SIGNATURE _____ **DATE:** _____

I understand that this change cancels all prior Death Benefit beneficiary selections. The Member must be alive when the Welfare Fund receives this form.