



# TEAMSTERS MISCELLANEOUS SECURITY TRUST FUND

## HEALTH & WELFARE BENEFICIARY DESIGNATION FORM

PLEASE TYPE OR PRINT

Employee Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_  Male  Female

Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Postal Code \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Present Employer: \_\_\_\_\_

Local Union Number: \_\_\_\_\_

In the space provided below, please indicate the person or persons you wish to designate as beneficiary. **You may designate any person or persons, including your estate as beneficiary. (Please Print all information)**

I request that any Death Benefits be paid in equal shares to the Beneficiaries I have listed below.

I request that any Death Benefits be paid to the first Beneficiary named below who survives me.

Full Name: \_\_\_\_\_ Relationship \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_ Social Security Number: \_\_\_\_\_

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Full Name: \_\_\_\_\_ Relationship \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_ Social Security Number: \_\_\_\_\_

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Full Name: \_\_\_\_\_ Relationship \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_ Social Security Number: \_\_\_\_\_

I understand that this Beneficiary Designation cancels any prior Beneficiary Designation made by me for this death benefit.

\_\_\_\_\_  
Employee's Signature \_\_\_\_\_ Date Signed \_\_\_\_\_

Witnessed By: \_\_\_\_\_  
Witness Signature \_\_\_\_\_ Date Signed \_\_\_\_\_

*Please fill out the above information and mail or personally return to:  
Northwest Administrators, Inc.  
225 South Lake Ave., Suite 1200  
Pasadena, California 91101-3000*

**\*WITNESS CANNOT BE A DEPENDENT, BENEFICIARY OR NWA EMPLOYEE.**