



TEAMSTERS LOCAL 676  
AND EMPLOYERS ANNUITY FUND

P.O. BOX 39 • COLLINGSWOOD, NJ 08108

**BENEFICIARY DESIGNATION FORM – LOCAL 676 ANNUITY FUND**

PARTICIPANT’S NAME: \_\_\_\_\_ SOCIAL SECURITY #: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
CITY STATE ZIP

If you are married, it is not required that you complete a Beneficiary Designation Form. As a married Participant your spouse is automatically the sole Primary Beneficiary to your account. However, your spouse can waive his/her right as the named beneficiary by consenting to you naming another beneficiary below. Your spouse will need to sign the reverse side of this form and have his/her signature notarized. You may designate a Beneficiary(ies) in addition to OR other than your spouse to receive 100% of your account. **See reverse side for Spousal Consent.**

If you are not married, you must designate a Beneficiary(ies) to receive your Annuity Account after your death. If you do not name a Beneficiary(ies), your account will be payable in accordance with the Annuity Plan rules.

**PLEASE READ EXPLANATION OF BENEFICIARY DESIGNATIONS ON REVERSE SIDE BEFORE COMPLETING.**

**PRIMARY BENEFICIARY DESIGNATION**

**BENEFICIARY NAME:** \_\_\_\_\_ **SOCIAL SECURITY #:** \_\_\_\_\_

Primary Beneficiary’s Address: \_\_\_\_\_  
City State Zip

% Allocated \_\_\_\_\_ Relations to Participant: \_\_\_\_\_

**BENEFICIARY NAME:** \_\_\_\_\_ **SOCIAL SECURITY #:** \_\_\_\_\_

Primary Beneficiary’s Address: \_\_\_\_\_  
City State Zip

% Allocated \_\_\_\_\_ Relations to Participant: \_\_\_\_\_

**CONTINGENT BENEFICIARY DESIGNATION**

**BENEFICIARY NAME:** \_\_\_\_\_ **SOCIAL SECURITY #:** \_\_\_\_\_

Contingent Beneficiary’s Address: \_\_\_\_\_  
City State Zip

% Allocated \_\_\_\_\_ Relations to Participant: \_\_\_\_\_

**BENEFICIARY NAME:** \_\_\_\_\_ **SOCIAL SECURITY #:** \_\_\_\_\_

Contingent Beneficiary’s Address: \_\_\_\_\_  
City State Zip

% Allocated \_\_\_\_\_ Relations to Participant: \_\_\_\_\_

In the event of my death, I designate the above to be my Beneficiary(ies). I certify the information on this form to be correct.

Participant’s Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**SPOUSAL CONSENT**

*To Participant and Spouse: Please read below carefully.*

If the Participant’s spouse is not listed as the sole Primary Beneficiary, the spouse’s notarized consent below is necessary to make the Beneficiary Designation(s) valid each time a change is made. The spouse’s consent must be witnessed by a Notary Public or Plan representative.

**Spouse:** I hereby waive all rights to benefits under the Teamsters Local 676 and Employers Annuity Fund and consent to the Beneficiary designation(s) made by my spouse. I fully acknowledge and understand that; (1) Upon my spouse’s death, all or part of my spouse’s Annuity Account will be paid to a Beneficiary(ies) other than myself; (2) I cannot revoke my consent to his Beneficiary(ies) designation; (3) My spouse can only change this Beneficiary(ies) designation with my consent.

Spouse’s Name: (Please print) \_\_\_\_\_ Social Security #: \_\_\_\_\_

Spouse’s address: \_\_\_\_\_  
City State Zip

Participant’s Name: (Please print) \_\_\_\_\_

Plan Representative: \_\_\_\_\_ Date: \_\_\_\_\_

Or Notary:

Sworn to and subscribed before this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

Seal

**BENEFICIARY DESIGNATIONS**

**PRIMARY BENEFICIARY**

There must be at least one Primary Beneficiary who will receive your Annuity Account if you die. If a Primary Beneficiary is deceased at the time of your death, that person’s share will be distributed to the remaining Primary Beneficiary, if any.

**CONTINGENT BENEFICIARY**

A Contingent Beneficiary will receive a benefit only if all Primary Beneficiaries are deceased at the time of your death. Otherwise a Contingent Beneficiary will not receive a benefit.

**PERCENTAGE (%) ALLOCATION**

Write the percentage of the benefit you want each Beneficiary to receive. Specify a percentage in increments of ten (10), such as 10%, 20%. The percentages allocated to Primary beneficiaries must total 100%. The percentages allocated to Contingent Beneficiaries must total 100%.