

**SOUTHERN REGION OF TEAMSTERS PENSION FUND
ENROLLMENT & BENEFICIARY DESIGNATION FORM**

Participant Information – Fill in all information completely

Name: _____ Birth date _____

SS #: _____ Home Phone# _____ Cell Phone # _____

Address: _____ City _____ State _____ Zip _____

Marital Status: ___ Married ___ Single Date of Marriage: _____

Date of Hire: _____ Salary: _____ Sex: _____

Employed by: _____

Position: _____

Beneficiary Designation

Your spouse is automatically your beneficiary who will be paid the death benefit, if any, under this Plan when you die. If your spouse is not living or if you have been married for less than one year, your dependent children will be paid the death benefit, if any. **Use Jane S. not Mrs. John Doe.**

Type of Beneficiary	Beneficiary Full Name(s) and Date(s) of Birth	Address	Social Security Number
Spouse			

I authorize my employer to withhold from my salary and remit to the Southern Region of Teamsters Pension Trust Fund on my behalf the following: Effective January 1, 2005 - 4% of compensation; effective July 1, 2005 - 5% of compensation; effective January 1, 2006 - 6% of compensation. The fund will accept only funds from employee wages. No Local Union Funds will be accepted.

Signature

Date