

**HOUSTON AREA TEAMSTERS PENSION FUND  
BENEFICIARY DESIGNATION FORM**

**Participant Information**

Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 SS #: \_\_\_\_\_ Phone (\_\_\_\_) - \_\_\_\_\_ Alt. Phone (\_\_\_\_) - \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ St: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 Marital Status: \_\_\_ Married \_\_\_ Single Date of Marriage: \_\_\_\_\_

**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 Name(s) and Date(s) of Birth	Address	Social Security Number
Spouse			

**Participant Signature**

Signature

Date