

**ENROLLMENT FORM
TEAMSTERS LIFE INSURANCE TRUST FUND**

4160 Dublin Blvd, Ste. 400
Dublin, CA 94568
PH: 925-833-7300 FAX: 925-833-7301

I am a new hire I have a change of address I have a change of beneficiary(s)

Last Name	First Name	M.I.	
/ /			
Social Security Number	(Birth Date) Month	Day	Year
			Local Union
<hr/>			
Street Address	City	State	Zip Code

Please list your beneficiary(s) below. If you do not name a beneficiary, your beneficiary will be the first of the surviving class: (1) Spouse (2) Children, equally (3) Parents, equally (4) Siblings, equally or (5) Your Estate. Indicate the percentage you wish each beneficiary to receive. If you have additional beneficiaries, please list them on the back of this form.

Beneficiary	Address	Relationship	%
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Beneficiary	Address	Relationship	%
<hr/>			
Beneficiary	Address	Relationship	%
<hr/>			
Beneficiary	Address	Relationship	%
<hr/>			
Beneficiary	Address	Relationship	%

Be sure to sign and date the form below. Unsigned, undated forms are not valid. You may change your beneficiary(s) at any time; however, the change must be made in writing to the Administrative Office.

Signature	Date
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