Change of Beneficiary Form

Participant Contract No.

_____

(You will find this number on your MCTWF and BCBS identification cards)

Michigan Conference of Teamsters Welfare Fund
2700 Trumbull Ave.
Detroit, Michigan 48216
313-964-2400

Please complete and sign (including notarization) and return to MCTWF at the above address, if you wish to change your beneficiary(ies) currently indicated on your enrollment form.

ONLY FOR PARTICIPANTS WITH DEATH BENEFIT COVERAGE OR UNPAID TOTAL AND PERMANENT DISABILITY BENEFITS AT THE TIME OF DEATH

IF YOU DO NOT INDICATE OTHERWISE, THE BENEFICIARIES WILL RECEIVE EQUAL SHARES OF YOUR DEATH BENEFIT

NAME OF BENEFICIARY (LAST—FIRST—MIDDLE)	FULL ADDRESS OF BENEFICIARY (City, State, Zip Code)	% OF BENEFIT	RELATIONSHIP	SOC. SEC. NO. OF BENEFICIARY
				— — — — — — — — —
NAME OF BENEFICIARY (LAST—FIRST—MIDDLE)	FULL ADDRESS OF BENEFICIARY (City, State, Zip Code)	% OF BENEFIT	RELATIONSHIP	SOC. SEC. NO. OF BENEFICIARY
				— — — — — — — — —
NAME OF BENEFICIARY (LAST—FIRST—MIDDLE)	FULL ADDRESS OF BENEFICIARY (City, State, Zip Code)	% OF BENEFIT	RELATIONSHIP	SOC. SEC. NO. OF BENEFICIARY
				— — — — — — — — —
NAME OF BENEFICIARY (LAST—FIRST—MIDDLE)	FULL ADDRESS OF BENEFICIARY (City, State, Zip Code)	% OF BENEFIT	RELATIONSHIP	SOC. SEC. NO. OF BENEFICIARY
				— — — — — — — — —

If “100% of benefit” is listed for more than one beneficiary, the first beneficiary listed will receive 100% of the benefit and each succeeding beneficiary will be entitled to payment only if the prior beneficiary dies before the participant. Before payment of a death benefit can be made to a designated beneficiary who is a minor, an order issued by the probate court appointing a guardian or conservator with full authority to access, receive and dispose of the named minor’s assets, must be provided to MCTWF.

By signing this form I certify that the information provided is complete and accurate as of the date of my signature.

_____ _____ _____

Participant Name (please print) Participant Signature Date

The foregoing document was signed before me this _____ day of _____ 20_____.

_____

Notary Public

My Commission Expires: _____