



## Instructions For Choosing Your Beneficiary

Teamsters-UPS National 401(k) Tax Deferred Savings Plan  
PO Box 5640  
Scranton PA 18505

**Instructions** Please print using blue or black ink. Keep a copy for your records and send the original form to the address above or fax it to 1-866-439-8602.

Use this form only if you are married and designating someone other than your spouse as your primary beneficiary. Your spouse must provide notarized consent to your designated primary beneficiary. All other beneficiary elections must be made through the website [www.teamsterups401kplan.com](http://www.teamsterups401kplan.com) or via a recorded line with a Participant Service Center at 1-800-537-0189.

- Since you are married, federal law requires that your surviving spouse be the sole beneficiary to your Plan account unless he or she consents to your selection of any alternative primary beneficiary(ies) on this form. Spousal consent is not required for your selection of any secondary beneficiary(ies).
- The designation(s) on this form revokes any prior designation you have made for the Plan.
- You may change this designation at any time (subject to consent of your spouse).
- If you divorce and remarry, this designation shall be null and void, and the Plan will pay the spouse to whom you were married on the date of your death, unless you complete a new beneficiary designation form and your current spouse provides notarized consent.

**For Married Participants:** Before a distribution to a non-spouse beneficiary may be processed, your spouse must consent to the change in beneficiary.

If you die before you begin to receive benefits and the spousal consent has not been received, the Plan must automatically pay a spousal death benefit consisting of 100% of your account balance to your surviving spouse (if any) as beneficiary.

### General Provisions

- A. The terms of the Plan govern the payment of any benefit.
- B. Primary beneficiary(ies). If more than one person is named and no percentages are indicated, payment will be made in equal shares to the Primary beneficiary(ies) who is living at the time the benefit first becomes payable. If a percentage is indicated and a Primary beneficiary(ies) is not alive at the time the benefit first becomes payable, the percentage of that beneficiary's designated share will be divided equally among the surviving Primary beneficiary(ies).
- C. If there is no Primary beneficiary(ies) living at the time of the member's death, any benefit that becomes payable will be distributed to the surviving Secondary beneficiary(ies) listed, if applicable.
- D. Payment to Secondary beneficiary(ies) will be made according to the rules of succession described under Primary beneficiary(ies) in provision B above. If no designated beneficiary(ies) is alive when payment is otherwise payable, payment will be made in accordance with the Plan.
- E. If a Trust is named as beneficiary, any payment to the Trust will be made as if the Trustee is acting in such fiduciary capacity until written notice to the contrary is received. Please also complete the Trust Certification Form.



Beneficiary Designation Form

TEAMSTER-UPS NATIONAL 401(K) TAX DEFERRED SAVINGS PLAN

About You
(Please print using blue or black ink.)

Plan number 006009, Sub Plan number 000001, Teamster-UPS National 401k, Social Security number, Daytime telephone number, First name, MI, Last name, Are you still employed by UPS? Yes No

Your Beneficiary Designation
(If electing a Trust as beneficiary, also complete the Trust Certification Form.)

I designate the following as beneficiary of my account with regard to the percentage(s) I have indicated below. Please list additional beneficiaries, along with percentages they are to receive on a separate page, if needed. Indicate whether the additional beneficiary(ies) is/are primary or secondary beneficiary(ies).

(A) Primary Beneficiary(ies)

Form for Primary Beneficiary(ies) with fields for Full Legal Name, Address, Social Security number, Percentage, Date of birth, Relationship to you, Telephone number

Please use whole percentages - must total 100%

(B) Secondary Beneficiary(ies)

Form for Secondary Beneficiary(ies) with fields for Full Legal Name, Address, Social Security number, Percentage, Date of birth, Relationship to you, Telephone number

Please use whole percentages - must total 100%

**Spousal  
Consent to  
Waiver**

I am the spouse of the participant, and I understand that I am entitled to 100% of the account upon the participant's death. I realize the participant is waiving this spousal death benefit and I voluntarily consent to the waiver. By signing this consent, I will not receive the benefit that would otherwise have been payable to me upon the participant's death, and voluntarily agree to the participant's designation of the beneficiary(ies) named above.

**X** \_\_\_\_\_

*Spouse's signature - must be witnessed by a notary public.*

Notary Stamp or Seal

Subscribed and sworn before me on the \_\_\_\_\_ day of \_\_\_\_\_ the year \_\_\_\_\_

State of \_\_\_\_\_, County of \_\_\_\_\_ My commission expires \_\_\_\_\_

Signature of notary

**X** \_\_\_\_\_

Date \_\_\_\_|\_\_\_\_|\_\_\_\_

**Your  
Authorization**

I designate the beneficiary(ies) specified above to receive benefits under the plan upon my death.

Signature **X** \_\_\_\_\_ Date \_\_\_\_|\_\_\_\_|\_\_\_\_

**DID YOU REMEMBER TO:**

- Sign the form
- Initial any changes
- Use whole numbers
- Have your spouse's signature notarized