

TRUCKING EMPLOYEES OF NORTH JERSEY ANNUITY FUND CENSUS FORM

IMPORTANT: NO BENEFITS WILL BE PAID UNLESS THIS FORM IS FULLY & PROPERLY COMPLETED, SIGNED & RETURNED TO THE FUND OFFICE

Please Print

Social Security Number	First Name	Middle Initial	Last Name		
Street Address		Apt. #	City		State Zip Code
Home Telephone #	Cellphone #	Employer			Date of Hire Local Union #
Date of Birth	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed				
BENEFICIARY INFORMATION					
<p>I revoke all previous beneficiary designations and make the following nomination of beneficiary with respect to all annuity benefits provided now or in the future under the rules of the Fund still reserving to myself the privilege of making future changes subject to Fund rules and procedures. If more than one beneficiary is designated, settlement will be made in equal shares to such of the designated beneficiaries as survive me, unless otherwise stipulated herein. If no beneficiary survives me, settlement will be made as provided by the rules of the Fund and applicable law.</p>					
Primary:					
Social Security #	First Name		Last Name		
Address		Apt. #	City		State Zip Code
Relationship to You				Date of Birth	
Contingent:					
Social Security #	First Name		Last Name		
Address		Apt. #	City		State Zip code
Relationship to You				Date of Birth	

Check & use reverse side for additional beneficiaries.

CERTIFICATION: I hereby certify that I have read the above information and that the information herein is true to the best of my knowledge.

Employee's Signature: _____ Date: _____

MAIL TO: TEAMSTERS LOCAL 560 BENEFIT FUNDS, 1st Floor, 303 Molnar Drive, Elmwood Park, New Jersey 07406

For Office Use Only

INPUT BY: _____ DATE: _____