

**Milk Drivers and Dairy Employees Local Union No. 246  
of Washington, D.C.  
Pension Fund**

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**Change in Beneficiary Form**

Complete this form if you want to change your beneficiary designation for purposes of the Death Benefit payable under the Plan. If you were married on the date that your pension benefit commenced, the person who was your spouse on that date must complete the spouse's statement in on the next page unless you have a Qualified Domestic Relations Order or your spouse is deceased. If spouse is deceased please include a copy of the Certificate of Death.

**Beneficiary Designation**

Name of Participant: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

I hereby designate the following individual(s) as my beneficiary(ies) under the Milk Drivers and Dairy Employees Local Union No. 246 of Washington, D.C. Pension Plan for the indicated benefits and I revoke any prior designations.

**Primary Beneficiary**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone #: \_\_\_\_\_ Birthdate: \_\_\_\_\_ SSN: \_\_\_\_\_

**Alternate Beneficiary**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone#: \_\_\_\_\_ Birthdate: \_\_\_\_\_ SSN: \_\_\_\_\_

**Participant's Statement** (Check ONE of the choices below)

\_\_\_\_\_ I hereby certify that my spouse is deceased.

\_\_\_\_\_ I am not married and elect to change my beneficiary.

\_\_\_\_\_ I am married and I elect to change my beneficiary.

Note: If you are married and your newly elected beneficiary is someone ***other than*** your spouse, your spouse must complete, and have notarized, the statement below.

\_\_\_\_\_  
**Participant's Signature**

\_\_\_\_\_  
**Date**

Sworn and subscribed to before me on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_ My Commission Expires on \_\_\_\_\_.

Notary Public

***(If this form is not notarized it will be returned to you.)***

**Spouse's Statement**

I hereby consent to my spouse's designation of the beneficiary listed above. I understand that, as a result of this designation, if any benefit still remains at my spouse's death, it will be paid to his/her new beneficiary as shown above. I understand that my spouse's change in beneficiary will not be effective unless I consent to it in writing by signing below.

\_\_\_\_\_  
**Spouse's Signature**

\_\_\_\_\_  
**Date**

Sworn and subscribed to before me on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_ My Commission Expires on \_\_\_\_\_.

Notary Public

**Transfer under the Uniform Transfers to Minors Act**

If the beneficiary(ies) you designated under either the Three-Year Certain Benefit or the Lump Sum Death Benefit is a minor (under age 18), you must complete the statement below and return it to the Fund Office along with the "Change in Beneficiary" form. If your beneficiary(ies) is not a minor, you may disregard this page and simply discard it.

I, \_\_\_\_\_, hereby transfer to \_\_\_\_\_  
(Name of Participant) (Name of Custodian)

the Lump Sum Death Benefit or the monthly benefits remaining under the Three Year Certain Benefit accrued in the Milk Drivers and Dairy Employees Local Union No. 246 of Washington, D.C. Pension Fund as custodian for \_\_\_\_\_ (Name of Minor) under the "Uniform Transfer to Minors Act."

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Date