

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

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Landover, Maryland 20785-2361
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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 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 Number: _____ Birth date: _____ SSN: _____

Alternate Beneficiary

Name: _____ Relationship: _____

Address: _____

Phone Number: _____ Birth date: _____ 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

Subscribed and sworn to before me this _____ day of _____, 20____

Notary Public
My Commission Expires: _____

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

Subscribed and sworn to before me this _____ day of _____, 20____

Notary Public
My Commission Expires: _____

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