



**GRAPHIC COMMUNICATIONS CONFERENCE OF THE
INTERNATIONAL BROTHERHOOD OF TEAMSTERS
NATIONAL PENSION FUND**

455 KEHOE BOULEVARD SUITE 101, CAROL STREAM, IL 60188 – Voice: 630-871-7733 – Fax: 630-871-0666

NOTICE OF CHANGE OF BENEFICIARY

Date: _____

It is my desire that the Fund change the name of my beneficiary to:

Primary Beneficiary _____

Social Security Number _____ Birth date _____

Address _____

Relationship to Participant _____

Secondary Beneficiary _____

Social Security Number _____ Birth date _____

Address _____

Relationship to Participant _____

Participant's Name _____

(Print Full Name)

Participant's Signature _____

(Signature)

Social Security Number _____ Birth date _____

Participant's Address _____

Participant's Telephone _____ E-mail _____