EASTERN ATLANTIC STATES
CARPENTERS BENEFIT FUNDS
WWW.CARPENTERS.FUND

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Edison, NJ 08837 - (732) 417-3900

BENEFICIARY DESIGNATION FORM

Upon the Death of a Vested Benefit Fund Participant, there may be Benefits that are payable from the Fund Office to a surviving spouse, family member, friend, trust, etc. This Form is used to identify who will receive those Benefits. Outside of a Qualified Domestic Relations Order, this document supersedes any document such as a will, trust, or designation of assets. Therefore, if you wish to change your Beneficiary/Beneficiaries, you will need to complete a new Beneficiary Form.

SECTION 1: Participant Information

First Name:	**Last Name:**	**Date of Birth:**
Social Security Number:	**UBC Number:**	**Primary Phone Number:**
Home Address:		
City:	**State:**	**Zip Code:**
Marital Status (Please Check): ☐ **Single** ☐ **Married** ☐ **Divorced** ☐ **Widowed**		

SECTION 2: Communications Contact Information

Member Cell Phone:	**Member Email:**
Spouse Cell Phone:	**Spouse Email:**

Please Read Carefully Before Completing This Form:

- If you are married at the time of your passing, your Pension and Annuity Fund Benefits will be paid out to your Spouse only. Health Fund Benefits will be paid out to the Beneficiary/Beneficiaries designated.
- If you do not indicate if a Beneficiary is Primary or Contingent, that Beneficiary will be deemed as Primary.
- If you do not indicate which Benefits your Primary and/or Contingent Beneficiaries are to receive, that Beneficiary will be deemed a Beneficiary for all Benefits.
- If you fail to designate a Beneficiary, or if no Beneficiary survives you, Benefits will be paid to the person(s) specified in the Plan Document(s).
- Benefits cannot be paid out to a minor child. If a Beneficiary is under the age of 18 at the time of your death, the payment will be issued to the child's legal parent/guardian to be put into a trust in the child's name.
- Submission of this Form, revokes all prior designations indicated on previous Beneficiary Forms.
- A Qualified Domestic Relations Order may override any and all Beneficiary designations.
- Please check your Beneficiary designation periodically, and update it to reflect any change in status. The most recent designation on file at the time of your death will rule.

Participant Signature:_____ **Printed Name:**_____ **Date:**_____

Witness Signature:_____ **Printed Name:**_____ **Date:**_____

Complete Beneficiary Designation on Reverse Side

SECTION 3: Beneficiary Designation

Things to know:

- **Primary Beneficiary/Beneficiaries** - are first in line to receive the Benefits available from the Fund(s). If your Primary Beneficiary becomes an ex-spouse, then and only then, the Contingent Beneficiary/Beneficiaries will receive the Benefits from the Pension and Annuity Funds. For Health Fund Benefits, your ex-spouse will remain as your Primary Beneficiary, until a new Beneficiary Form is completed.

- **Contingent Beneficiary:** This is the person/party you select to receive benefits after the Participants death if no Primary Beneficiaries survive the Participant. If you have been preceded in death by one or more of your Primary Beneficiaries, the Benefits will be paid in equal shares to all remaining Primary Beneficiaries, unless you designate otherwise. If only one Primary Beneficiary survives, the surviving Beneficiary will receive all shares of the Benefits. If there is no surviving Primary Beneficiary, and more than one Contingent Beneficiary has been designated, the Benefits will be paid in equal

Beneficiary Name and Designation Type (Please Check): ☐ Primary ☐ Contingent	**Beneficiary Should Receive Benefits From (Please Check):** ☐ Health Fund ☐ Pension Fund ☐ Annuity Fund	
Social Security Number:	**Date of Birth:**	**Relationship to Member:**
Home Address:	**Phone Number:**	

Beneficiary Name and Designation Type (Please Check): ☐ Primary ☐ Contingent	**Beneficiary Should Receive Benefits From (Please Check):** ☐ Health Fund ☐ Pension Fund ☐ Annuity Fund	
Social Security Number:	**Date of Birth:**	**Relationship to Member:**
Home Address:	**Phone Number:**	

Beneficiary Name and Designation Type (Please Check): ☐ Primary ☐ Contingent	**Beneficiary Should Receive Benefits From (Please Check):** ☐ Health Fund ☐ Pension Fund ☐ Annuity Fund	
Social Security Number:	**Date of Birth:**	**Relationship to Member:**
Home Address:	**Phone Number:**	

Beneficiary Name and Designation Type (Please Check): ☐ Primary ☐ Contingent	**Beneficiary Should Receive Benefits From (Please Check):** ☐ Health Fund ☐ Pension Fund ☐ Annuity Fund	
Social Security Number:	**Date of Birth:**	**Relationship to Member:**
Home Address:	**Phone Number:**	

If you have additional Beneficiaries, please list them on a separate sheet of paper and attach to this Form.