



EASTERN ATLANTIC STATES

CARPENTERS BENEFIT FUNDS

WWW.CARPENTERS.FUND

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Philadelphia, PA 19130 - (215) 568-0430

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

Name:		Date of Birth:	
Social Security Number:		UBC#:	Local Union#:
Home Address:			
City:		State:	Zip:
Primary Phone Number:		Email:	
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced			

SECTION 2: 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.
- **Contingent Beneficiary:** This is the person/party you select to receive benefits after the Participants death if no Primary Beneficiaries survive the Participant.
- **What happens if my Primary Beneficiary dies before me?** 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 shares to all Contingent Beneficiaries, unless you designate otherwise. If only one Contingent Beneficiary survives, the surviving Beneficiary will receive all shares of the Benefits.

Beneficiary Name:		Beneficiary Type: <input type="checkbox"/> Primary <input type="checkbox"/> Contingent	
Social Security Number:		Date of Birth:	Relationship to Member:
Benefits this Beneficiary Should Receive: <input type="checkbox"/> Health Fund <input type="checkbox"/> Pension Fund <input type="checkbox"/> Annuity Fund			
Home Address:		Primary Phone Number:	

Add More Beneficiaries on Reverse Side and Sign

SECTION 2 Continued: Beneficiary Designation

Beneficiary Name:		Beneficiary Type: <input type="checkbox"/> Primary <input type="checkbox"/> Contingent	
Social Security Number:	Date of Birth:	Relationship to Member:	
Benefits this Beneficiary Should Receive: <input type="checkbox"/> Health Fund		<input type="checkbox"/> Pension Fund	<input type="checkbox"/> Annuity Fund
Home Address:		Primary Phone Number:	

Beneficiary Name:		Beneficiary Type: <input type="checkbox"/> Primary <input type="checkbox"/> Contingent	
Social Security Number:	Date of Birth:	Relationship to Member:	
Benefits this Beneficiary Should Receive: <input type="checkbox"/> Health Fund		<input type="checkbox"/> Pension Fund	<input type="checkbox"/> Annuity Fund
Home Address:		Primary Phone Number:	

Beneficiary Name:		Beneficiary Type: <input type="checkbox"/> Primary <input type="checkbox"/> Contingent	
Social Security Number:	Date of Birth:	Relationship to Member:	
Benefits this Beneficiary Should Receive: <input type="checkbox"/> Health Fund		<input type="checkbox"/> Pension Fund	<input type="checkbox"/> Annuity Fund
Home Address:		Primary Phone Number:	

*List any additional Beneficiaries on a separate sheet of paper and attach to this Form.

Please Read Carefully Before Signing:

- 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: _____