



**Chicago Regional Council of Carpenters
Pension Fund**
12 E. Erie Street – Chicago, IL 60611
(312) 787-9455, Phone Option 4



DEFINED BENEFIT PENSION PLAN BENEFICIARY DESIGNATION FORM

Participant's Last Name			First Name in Full			Middle Name in Full		
Date Of Birth		Gender	Marital Status			Social Security Number		
MONTH	DAY	YEAR	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed			-	-

INSTRUCTIONS / WHAT YOU NEED TO KNOW BEFORE YOU BEGIN:

Please print clearly in CAPITAL LETTERS using only blue or black ink. Do not scratch out or use whiteout. If you make a mistake, you must fill out a new form. You must (1) complete this form in full, (2) sign it on the reverse side, (3) have your signature witnessed, and (4) return it to the Pension Fund Office. You may wish to retain a copy of this form for your records. **This Beneficiary Designation shall become effective on the date the properly completed form is received by the Pension Fund Office.** Receipt of this form is not a guarantee of eligibility for benefits.

Primary Beneficiary: A primary beneficiary is your first choice to receive the death benefit from the Pension Plan. If you are married, the death benefit payable from the Pension Plan will be paid to your spouse as your primary beneficiary in the form of a Joint and Survivor Pension. Therefore, only your spouse's name should be listed in the Primary Beneficiary section of this form. If you are at least Early Retirement Age and wish to reject the Joint and Survivor Pension, please contact the Pension Fund Office for further instructions. If you are not married, or if you reject the Joint and Survivor Pension, any benefit due will be paid in accordance with your Beneficiary Designation Form. If you designate more than one primary beneficiary, the benefit due will be equally divided by the number of primary beneficiaries. If you name more than one primary beneficiary and if one of the primary beneficiaries does not survive you, the benefit due will be allocated proportionately among the remaining primary beneficiaries.

Contingent Beneficiary: A contingent beneficiary is your second choice to receive the death benefit from the Pension Plan if your primary beneficiary(ies) is (are) not living at the time of your death. If you designate more than one primary beneficiary, all primary beneficiaries must have died before any of the contingent beneficiaries are entitled to receive benefits. If you designate more than one contingent beneficiary, the benefit due will be equally divided by the number of contingent beneficiaries. If you name more than one contingent beneficiary and if one of the contingent beneficiaries does not survive you, the benefit due will be allocated proportionately among the remaining contingent beneficiaries.

If you want to name more than three primary or contingent beneficiaries, please contact the Pension Fund Office to request an additional form. You may wish to consult with an attorney regarding the formal beneficiary designation most suitable to your situation. **You should review your beneficiary designation any time your marital status changes, you have a child, or you experience another major life event.**

The following information is required for each beneficiary: Beneficiary's full name (e.g. Mary B. Jones, not Mrs. John J. Jones); Relationship to Participant (if not related to Participant, show as "friend"); Address, Birth date, and Social Security Number or ITIN.

DESIGNATION OF PRIMARY BENEFICIARY

I designate the following as my primary beneficiary(ies):

Primary Beneficiary's First Name		M.I.	Last Name	
Relationship to Participant		Birth Date of Beneficiary	SS# or ITIN of Beneficiary	
Street Address of Beneficiary		City	State	Zip
Home Phone Number of Beneficiary (Include Area Code)		Cell Phone Number of Beneficiary (Include Area Code)		
Primary Beneficiary's First Name		M.I.	Last Name	
Relationship to Participant		Birth Date of Beneficiary	SS# or ITIN of Beneficiary	
Street Address of Beneficiary		City	State	Zip
Home Phone Number of Beneficiary (Include Area Code)		Cell Phone Number of Beneficiary (Include Area Code)		
Primary Beneficiary's First Name		M.I.	Last Name	
Relationship to Participant		Birth Date of Beneficiary	SS# or ITIN of Beneficiary	
Street Address of Beneficiary		City	State	Zip
Home Phone Number of Beneficiary (Include Area Code)		Cell Phone Number of Beneficiary (Include Area Code)		

(BE SURE TO COMPLETE THE REVERSE SIDE OF THIS FORM)

REVISED 12/2016

DESIGNATION OF CONTINGENT BENEFICIARY

I understand that all primary beneficiaries must have died before the contingent beneficiaries are entitled to receive benefits.
I designate the following as my contingent beneficiary(ies):

Contingent Beneficiary's First Name		M.I.	Last Name	
Relationship to Participant		Birth Date of Beneficiary	SS# or ITIN of Beneficiary	
Street Address of Beneficiary		City	State	Zip
Home Phone Number of Beneficiary (Include Area Code)		Cell Phone Number of Beneficiary (Include Area Code)		
Contingent Beneficiary's First Name		M.I.	Last Name	
Relationship to Participant		Birth Date of Beneficiary	SS# or ITIN of Beneficiary	
Street Address of Beneficiary		City	State	Zip
Home Phone Number of Beneficiary (Include Area Code)		Cell Phone Number of Beneficiary (Include Area Code)		
Contingent Beneficiary's First Name		M.I.	Last Name	
Relationship to Participant		Birth Date of Beneficiary	SS# or ITIN of Beneficiary	
Street Address of Beneficiary		City	State	Zip
Home Phone Number of Beneficiary (Include Area Code)		Cell Phone Number of Beneficiary (Include Area Code)		

READ THE FOLLOWING CAREFULLY BEFORE SIGNING: I hereby revoke any and all previous Pension Plan beneficiary designations and hereby designate those named on this form as my beneficiary(ies). I understand that I may change my beneficiary designation(s) at any time by completing a new Pension Plan Beneficiary Designation Form. Such change shall become effective when the new form is received by the Chicago Regional Council of Carpenters Pension Fund Office. **If you are married, your spouse MUST act as the witness to this designation.**

Participant Sign Here	Participant's Signature in Full		Date Signed by Participant		
			Month	Day	Year
Spouse or Witness Sign Here and Provide Address	Spouse's or Witness's Signature in Full – If you are married, your spouse MUST act as your witness				
	Street Address of Witness		City	State	Zip



SUPPLEMENTAL RETIREMENT PLAN BENEFICIARY DESIGNATION FORM

Participant's Last Name			First Name in Full			Middle Name in Full			
Date Of Birth		Gender	Marital Status			Social Security Number			
MONTH	DAY	YEAR	<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed			-	-

INSTRUCTIONS: Please print clearly in CAPITAL LETTERS using only blue or black ink. Do not scratch out or use whiteout. If you make a mistake, you must fill out a new form. You must complete this form in full, sign it on the reverse side, have your signature witnessed, and return it to the Pension Fund Office. You may wish to retain a copy of this form for your records. **This Beneficiary Designation shall become effective on the date the completed form is received by the Pension Fund Office.** Receipt of this form is not a guarantee of eligibility for benefits.

A primary beneficiary is your first choice to receive the death benefit from the Supplemental Retirement Plan. If you name more than one primary beneficiary and if one of the primary beneficiaries does not survive you, the benefit due will be allocated proportionately among the remaining primary beneficiaries. If you are married and name a primary beneficiary other than (or in addition to) your spouse, spousal consent **MUST** be provided on the reverse side of this form.

A contingent beneficiary is your second choice to receive the death benefit from the Supplemental Retirement Plan if your primary beneficiary(ies) is (are) not living at the time of your death. If you designate more than one primary beneficiary, all primary beneficiaries must have died before any of the contingent beneficiaries are entitled to receive benefits. If you name more than one contingent beneficiary and if one of the contingent beneficiaries does not survive you, the benefit due will be allocated proportionately among the remaining contingent beneficiaries.

If you want to name more than three primary or contingent beneficiaries, please contact the Pension Fund Office to request an additional form. If complicated or unusual circumstances are involved, you may wish to consult with an attorney regarding the formal beneficiary designation most suitable to your situation. **You should review your beneficiary designation any time your marital status changes, you have a child, or you experience another major life event.**

The following information is required for each beneficiary: (1) Beneficiary's full name (e.g. Mary B. Jones, not Mrs. John J. Jones); (2) Relationship to Participant (if not related to Participant, show as "friend"); (3) Address, Birth date, and Social Security Number or ITIN

The share percent must equal a total of 100% for the primary beneficiaries and must equal a separate total of 100% for the contingent beneficiaries. (Example: 100% Wife or 50% Wife/50% Daughter, or 50% Mother/25% Sister/ 25% Brother, etc.)

DESIGNATION OF PRIMARY BENEFICIARY

I designate the following as my primary beneficiary(ies):

Primary Beneficiary's First Name		M.I.	Last Name		
Relationship to Participant		Birth Date of Beneficiary	SS# or ITIN of Beneficiary		Share Percent
Street Address of Beneficiary			City	State	Zip
Home Phone Number of Beneficiary (Include Area Code)			Cell Phone Number of Beneficiary (Include Area Code)		
Primary Beneficiary's First Name		M.I.	Last Name		
Relationship to Participant		Birth Date of Beneficiary	SS# or ITIN of Beneficiary		Share Percent
Street Address of Beneficiary			City	State	Zip
Home Phone Number of Beneficiary (Include Area Code)			Cell Phone Number of Beneficiary (Include Area Code)		
Primary Beneficiary's First Name		M.I.	Last Name		
Relationship to Participant		Birth Date of Beneficiary	SS# or ITIN of Beneficiary		Share Percent
Street Address of Beneficiary			City	State	Zip
Home Phone Number of Beneficiary (Include Area Code)			Cell Phone Number of Beneficiary (Include Area Code)		

(BE SURE TO COMPLETE THE REVERSE SIDE OF THIS FORM)

DESIGNATION OF CONTINGENT BENEFICIARY

I understand that all primary beneficiaries must have died before the contingent beneficiaries are entitled to receive benefits.
I designate the following as my contingent beneficiary(ies):

Contingent Beneficiary's First Name		M.I.	Last Name	
Relationship to Participant	Birth Date of Beneficiary	SS# or ITIN of Beneficiary		Share Percent
Street Address of Beneficiary		City	State	Zip
Home Phone Number of Beneficiary (Include Area Code)		Cell Phone Number of Beneficiary (Include Area Code)		
Contingent Beneficiary's First Name		M.I.	Last Name	
Relationship to Participant	Birth Date of Beneficiary	SS# or ITIN of Beneficiary		Share Percent
Street Address of Beneficiary		City	State	Zip
Home Phone Number of Beneficiary (Include Area Code)		Cell Phone Number of Beneficiary (Include Area Code)		
Contingent Beneficiary's First Name		M.I.	Last Name	
Relationship to Participant	Birth Date of Beneficiary	SS# or ITIN of Beneficiary		Share Percent
Street Address of Beneficiary		City	State	Zip
Home Phone Number of Beneficiary (Include Area Code)		Cell Phone Number of Beneficiary (Include Area Code)		

SPOUSAL CONSENT – REQUIRED IF SPOUSE IS NOT THE SOLE PRIMARY BENEFICIARY

I am the current legal spouse of the Participant. I have voluntarily consented to permit my spouse to name a beneficiary other than me to receive the death benefit due (if any) from the Chicago Regional Council of Carpenters Supplemental Retirement Plan. I acknowledge and understand that :

- (1) the effect of my consent will be to forfeit benefits I would otherwise be entitled to receive from the Chicago Regional Council of Carpenters Supplemental Retirement Plan upon my spouse's death
- (2) my spouse's designation of another primary beneficiary for benefits from the Chicago Regional Council of Carpenters Supplemental Retirement Plan is not valid unless I consent to it
- (3) my consent is irrevocable unless my spouse revokes the designation or unless otherwise provided for under a Qualified Domestic Relations Order.

Signature of Spouse _____ Date Signed by Spouse _____

TO BE COMPLETED BY A NOTARY PUBLIC AFTER WITNESSING SPOUSE SIGNATURE (ABOVE):

State of _____ County of _____

Signed before me this _____ day of _____ in the year _____

My Commission Expires _____

(NOTARY SEAL)

Signature of Notary Public _____

READ THE FOLLOWING CAREFULLY BEFORE SIGNING: I hereby revoke any and all previous Supplemental Retirement Plan beneficiary designations and hereby designate those named on this form as my beneficiary(ies). I understand that I may change my beneficiary designation(s) at any time by completing a new Supplemental Retirement Plan Beneficiary Designation Form. Such change shall become effective when the new form is received by the Chicago Regional Council of Carpenters Pension Fund Office.

Participant Sign Here	Participant's Signature in Full		Date Signed		
			Month	Day	Year
Witness Sign Here and Provide Address	Witness's Signature in Full				
	Street Address of Witness		City	State	Zip



Chicago Regional Council of Carpenters Welfare Fund
 12 E. Erie Street – Chicago, IL 60611
 (312) 787-9455



Your Future — Our Focus

Life Insurance Beneficiary Designation Form

Instructions: Print clearly in ink. You must complete the form in full, sign and return it to the Fund Office. If the percent field is left blank, the designated beneficiaries will share equally. Percentages (100%, 75%, 25%, etc.) should be entered. If any designated beneficiary dies before the Participant, the share that such beneficiary would have received if he/she had survived the Participant's death will be payable equally to the remaining designated beneficiaries who survive the Participant. The following information is required for each beneficiary. There is additional space on the back of the form for adding contingent beneficiaries.

- Beneficiary's full name (e.g. Mary B. Jones, not Mrs. John J. Jones);
- Relationship to Participant (if not related to Participant, show as "friend"); and
- Address, Birth date, and Social Security Number. Note if a SS # or ITIN is not provided, it may be difficult to locate a beneficiary should their address change.

A Participant should review his/her beneficiary designation when the Participant's marital status changes, has a child, or the Participant experiences another major life event.

Participant's Last Name(s)			First Name in Full			Middle Name or Initial			
Home Address					City, State and Zip				
Date Of Birth		Sex	Marital Status			Social Security # or Individual Tax ID # (ITIN)			
MONTH	DAY	YEAR	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Single	<input type="checkbox"/> Married	<input type="checkbox"/> Separated	-	-	-
Primary Beneficiaries - In the event of my death, my life insurance benefit should be paid to:									
Primary Beneficiary's First Name				M.I.	Last Name			Percent	
Relationship to Participant			Birth Date of Beneficiary			SS# or ITIN of Beneficiary			
Street Address of Beneficiary					City		State	Zip	
Cell Phone Number of Beneficiary, including Area Code					Email Address of Beneficiary				
Primary Beneficiary's First Name				M.I.	Last Name			Percent	
Relationship to Participant			Birth Date of Beneficiary			SS# or ITIN of Beneficiary			
Street Address of Beneficiary					City		State	Zip	
Cell Phone Number of Beneficiary, including Area Code					Email Address of Beneficiary				
Primary Beneficiary's First Name				M.I.	Last Name			Percent	
Relationship to Participant			Birth Date of Beneficiary			SS# or ITIN of Beneficiary			
Street Address of Beneficiary					City		State	Zip	
Cell Phone Number of Beneficiary, including Area Code					Email Address of Beneficiary				
Primary Beneficiary's First Name				M.I.	Last Name			Percent	
Relationship to Participant			Birth Date of Beneficiary			SS# or ITIN of Beneficiary			
Street Address of Beneficiary					City		State	Zip	
Cell Phone Number of Beneficiary, including Area Code					Email Address of Beneficiary				
Primary Beneficiary's First Name				M.I.	Last Name			Percent	
Relationship to Participant			Birth Date of Beneficiary			SS# or ITIN of Beneficiary			
Street Address of Beneficiary					City		State	Zip	
Cell Phone Number of Beneficiary, including Area Code					Email Address of Beneficiary				

Contingent Beneficiaries – If the primary beneficiary(ies) above are deceased, pay the life insurance benefit to:

Contingent Beneficiary's First Name		M.I.	Last Name		Percent
Relationship to Participant		Birth Date of Beneficiary		SS# or ITIN of Beneficiary	
Street Address of Beneficiary			City	State	Zip
Cell Phone Number of Beneficiary, including Area Code			Email Address of Beneficiary		
Contingent Beneficiary's First Name		M.I.	Last Name		Percent
Relationship to Participant		Birth Date of Beneficiary		SS# or ITIN of Beneficiary	
Street Address of Beneficiary			City	State	Zip
Cell Phone Number of Beneficiary, including Area Code			Email Address of Beneficiary		
Contingent Beneficiary's First Name		M.I.	Last Name		Percent
Relationship to Participant		Birth Date of Beneficiary		SS# or ITIN of Beneficiary	
Street Address of Beneficiary			City	State	Zip
Cell Phone Number of Beneficiary, including Area Code			Email Address of Beneficiary		
Contingent Beneficiary's First Name		M.I.	Last Name		Percent
Relationship to Participant		Birth Date of Beneficiary		SS# or ITIN of Beneficiary	
Street Address of Beneficiary			City	State	Zip
Cell Phone Number of Beneficiary, including Area Code			Email Address of Beneficiary		

I hereby revoke any and all previous life insurance beneficiary designations and hereby designate the above as my beneficiary(ies). I understand that I may change my beneficiary designation(s) at any time by completing a Life Insurance Beneficiary Designation Form. Such change shall become effective when the completed form is received by the Chicago Regional Council of Carpenters Welfare Fund Office.

I understand that receipt of this form is not a guarantee of eligibility for benefits.

Sign & Date Here	Participant's Signature in Full		Date Signed
Witness Signature			

Signature and date are required. Invalid without participant signature and date of signature.

For Office Use Only	
Participant Services or Retirement Dept. (Date & Initials)	