



**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.**

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