

BENEFICIARY DESIGNATION FORM

Plan: Five Rivers Carpenters District Council Health & Welfare Fund (Death & Accidental Death & Dismemberment Benefit)	
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Participant Information:

Name – Last, First MI		Social Security Number	Gender – M/F
Address		Birth Date	Marital Status – M/S
		Membership Date	Phone Number
City	State	Zip	

Instructions: If you are married and have not designated your spouse as your sole primary beneficiary in Section 1, you must get this form signed by your spouse in Section 3. If you are not married on the date that you sign this form, but subsequently become married, this designation of beneficiary shall cease to be effective upon your marriage. To name more than two primary or four secondary beneficiaries, submit an additional form and check this box on both forms: (Your spouse must sign both forms, when necessary.)

1. Primary Beneficiaries:

I hereby designate the person(s) or trust(s) listed below as my primary beneficiary(ies) under the Plan. If more than one person listed below survives me, my benefits shall be divided according to the percentages indicated. I understand that if I designate more than one beneficiary, the percentages must add up to 100%. If a percentage is indicated and that beneficiary does not survive me, that beneficiary's share shall be divided among the surviving primary beneficiary(ies) in proportion to the remaining percentages

Percent	Name or Trust	Relationship	Address		
	Social Security Number	Birth Date	City	State	Zip
Percent	Name or Trust	Relationship	Address		
	Social Security Number	Birth Date	City	State	Zip

2. Secondary or Contingent Beneficiaries:

If no primary beneficiary (listed in Section 1) survives me, I hereby designate as my beneficiary the person or persons listed below who survives me. I understand that if I designate more than one beneficiary below, the percentages must add up to 100%.

Percent	Name	Relationship	Address
Percent	Name	Relationship	Address
Percent	Name	Relationship	Address
Percent	Name	Relationship	Address

3. Spousal Consent (This consent is required only if you designate someone other than your spouse as a primary beneficiary):

I hereby consent to my spouse's designation of the primary beneficiary(ies) listed above. I understand that my spouse cannot change any primary beneficiary in the future without my written consent. I am signing this consent voluntarily. I further understand that if I wish to receive the death benefits under the Plan(s), I should not sign below. (More than two primary beneficiaries will require multiple forms.)

_____ Signed on _____ in the presence of _____
Spouse's Signature Date Notary or Plan Representative

4. Participant Signature:

I understand that distribution of benefits to my designated beneficiary or beneficiaries shall be made in accordance with the terms of the Plan. I also understand that this beneficiary designation supersedes any beneficiary designation currently in effect.

_____ Date
Participant's Signature