



**Ohio Carpenters' Pension Plan**  
P.O. Box 31580, Independence, OH 44131  
Phone: (800)-700-6756

**INSTRUCTIONS FOR COMPLETING BENEFICIARY DATA CARD**

1. Print in ink or type the information requested on the card.
2. Make sure the Social Security Numbers requested are correct.
3. **IF MARRIED** - Federal Law requires that if you are married, your spouse must be the Designated Beneficiary for payment of Pre-Retirement Death Benefits. The beneficiary section therefore must reflect the name and data on your spouse. The only exception to this requirement is if your spouse consents in a notarized written waiver rejecting this benefit and agreeing to another beneficiary being designated. A form for this rejection is available from the Fund Office.
4. **IF YOU ARE NOT MARRIED** - Complete the beneficiary section indicating whom you desire as your beneficiary.
5. Should you change locals, move, or your marital status changes, a new card should be completed.

**OHIO CARPENTERS' PENSION FUND BENEFICIARY DESIGNATION FORM**  
(Please Print)

Name \_\_\_\_\_ Address \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Social Security Number \_\_\_\_\_ Date \_\_\_\_\_ of Birth \_\_\_\_\_

Local Number \_\_\_\_\_ Initiation Date or Clearance Date into Present Local \_\_\_\_\_

Have you had membership in a local other than the above:  Yes  No

If yes, Local Number \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
Local Number \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Marital Status:  Married  Single  Divorced  Separated  Widowed

Name of Beneficiary \_\_\_\_\_ Relationship \_\_\_\_\_

Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

If Married, Date of Marriage \_\_\_\_\_

Date \_\_\_\_\_

Member's Signature \_\_\_\_\_