

# CARPENTERS' PENSION TRUST FUND – DETROIT AND VICINITY

P O BOX 4540  
TROY, MI 48099-4540  
**Beneficiary Election Form**

**Member's Name** \_\_\_\_\_ **SS #** \_\_\_\_\_

**Address** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Spouse's Name** \_\_\_\_\_ **SS#** \_\_\_\_\_

Below please indicate the person(s) you wish to name as beneficiary(ies) of any death benefits through the above listed Pension Fund.

Note: If you are legally married at the time of your death Federal law and the Pension Plan require that benefits be paid to your surviving spouse, unless your spouse consents to the payment of the benefit to someone else. To make that type of change, the Pension Plan will require a notarized statement from your spouse – see bottom of form for notarized consent by your spouse. If you marry after designating anybody else as your primary, your legal spouse will automatically be substituted as your primary.

## **Beneficiary Designation**

**Primary Beneficiary** \_\_\_\_\_

**SS#** \_\_\_\_\_ **Relationship** \_\_\_\_\_  
Address \_\_\_\_\_

**Primary Beneficiary** \_\_\_\_\_

**SS#** \_\_\_\_\_ **Relationship** \_\_\_\_\_  
Address \_\_\_\_\_

In the event your Primary Beneficiary(ies) pre-deceases you, the below listed Contingent Beneficiary(ies) will be paid in equal shares. If you choose not to provide a Contingent Beneficiary(ies), all benefits will be paid to one of the following classes of successive beneficiaries then Primary: a) spouse, b) any person designated on forms supplied by the Union sponsored Health and Welfare Fund, c) children, d) Estate of the deceased, but only if claim is made within one year of death.

**Contingent Beneficiary** \_\_\_\_\_

**SS#** \_\_\_\_\_ **Relationship** \_\_\_\_\_  
Address \_\_\_\_\_

**Contingent Beneficiary** \_\_\_\_\_

**SS#** \_\_\_\_\_ **Relationship** \_\_\_\_\_  
Address \_\_\_\_\_

(Attach additional paper if necessary–please ensure that you indicate “primary” or “contingent”)

I understand that this beneficiary designation cancels any previous designation I may have made and will be effective when received in the Fund office and only if **received** prior to my death.

**Member's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

## **Spousal consent of alternate beneficiary designation as noted above:**

I hereby consent to my spouse's designation of the above beneficiary for death benefits payable through this Fringe Benefit Fund. I fully understand that by signing below, I will not be eligible for the receipt of the benefits payable on behalf of my spouse in the event of his or her death.

**Spouse's  
Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Subscribed to and sworn  
to before me, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.  
Notary Public Signature \_\_\_\_\_  
County of \_\_\_\_\_ State of \_\_\_\_\_  
My Commission expires: \_\_\_\_\_