



United Brotherhood of Carpenters and Joiners of America

General Office and Staff

Health & Welfare Plan

Beneficiary Designation Form

DEATH, ACCIDENTAL DEATH AND DISMEMBERMENT BENEFITS

Member 's Name: _____

Social Security Number: _____

Beneficiary Name:

Date of Birth:

SSN:

Relationship:

Percentage of Benefit to be Received:

Phone:

Address:

Beneficiary Name:

Date of Birth:

SSN:

Relationship:

Percentage of Benefit to be Received

Phone:

Address:

Beneficiary Name:

Date of Birth:

SSN:

Relationship:

Percentage of Benefit to be Received:

Phone:

Address:

Secondary Beneficiary Name:

Date of Birth:

SSN:

Relationship:

Percentage of Benefit to be Received:

Phone:

Address:

Custodial Designation

If my above named beneficiary is a minor, I hereby designate (print full name) _____
_____ to act as Custodian to receive such benefits on behalf of such child (or children). I understand that I may change this Custodial Designation at any time. I also understand that if I fail to name a Custodian, then the natural parent(s) of the minor will automatically be designated as Custodian. I also understand that if the amount of the benefit is more than \$10,000, and I fail to name a Custodian, the benefit cannot be paid until a Custodian is appointed by the Superior Court.

Custodian Name:

Date of Birth:

SSN:

Relationship:

Phone:

Address:

*If you designate more than one Beneficiary, benefits will be paid to them in equal shares, unless you fill in a different percentage to be received where indicated on this form. For example, if you name two beneficiaries you may state that one will receive 75% and the other 25%. Benefits will be paid to the person you list as a Secondary Beneficiary only in the event your designated Beneficiaries have died. If you fail to designate a Beneficiary or if all of your designated Beneficiaries have died, the benefits will be paid in accordance with Trust rules.

Member's Signature: _____

Date: _____