



# 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: _____                              |            |
| <b>Secondary Beneficiary Name:</b> _____ | 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: _____ |
|---------------------------|-------------|