



United Brotherhood of Carpenters Pension Plan

BENEFICIARY DESIGNATION

Name: _____ SSN: _____

Address: _____

DOB: _____ Phone: _____

Marital Status: ☐ Married ☐ Divorced ☐ Remarried ☐ Never Married

Reason for Change

☐ Retirement ☐ Divorced ☐ Remarried ☐ Not Previously Filed ☐ Spouse's Death

☐ Other _____

*If change is due to a divorce or if you have been previously divorced & remarried please enclose a complete copy of your divorce decree **and** property settlement to ensure there is no entitlement to benefits by prior spouse.

I hereby designate the following as my beneficiary in the event of my death for the following benefits if they are available: United Brotherhood of Carpenters Death Benefit and any other benefits that may be payable due to my death. **I am aware that I may not designate someone other than my spouse without my spouse's written, notarized approval. Under the Single Life Pension, if I have received my 60 guaranteed monthly pension benefits, my Beneficiary will receive 12 consecutive months of benefits and then all benefits will cease.**

Beneficiary Name: _____ SSN: _____

Relationship: _____ DOB: _____

Address: _____



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I hereby revoke any prior beneficiary designation executed prior to this date.

Signature: _____ Date: _____

Spousal Consent to Alternate Beneficiary Designation as noted above

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

THIS SECTION TO BE COMPLETED BY NOTARY PUBLIC

A NOTARY PUBLIC OR OTHER OFFICER COMPLETEING THIS CERTIFICATE VERFIES ONLY THE IDENTY OF THE INDIVIDUAL WHO SIGNED THE DOCUMENT TO WHICH THIS CERTIFICATE IS ATTACHED, AND NOT THE TRUTHFULLNESS, ACCURACRY, OR VALIDY OF THAT DOCUMENT.

State of _____ County of _____

On _____, before me, _____, personally
appeared _____ who proved

to me on basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribe to the within instrument and acknowledge to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument, the person(s) or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of _____ that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature of Notary