



North Atlantic States Carpenters
Benefit Funds

Buffalo Office
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Cheektowaga, NY 14225
Phone: (716) 839-7132
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Beneficiary Designation Form

Instructions: All information must be typed or printed neatly. Complete all items. If it is necessary to make corrections to the beneficiary sections, you must place your initials next to the corrected or crossed-out words. **Do not use whiteout.** If your form is incomplete or filled out incorrectly, the Fund Office may return it to you.

The beneficiary designation that you make on this form will apply to all benefits paid because of your death under the North Atlantic States Carpenters Pension, Annuity and Health Funds. Contact the Fund Office if you want to designate different beneficiaries for one or more of the Funds.

After completing this form, make a copy for your file and send the original to the Fund Office at:

North Atlantic States Carpenters Funds Office
1159 Maryvale Drive, Suite 20
Cheektowaga, NY 14225

Your beneficiary designation will become effective when it is received and accepted by the Fund Office. The Fund Office will not accept your beneficiary designation form after your death. If you do not submit a beneficiary designation form, or if your designation is void or has been revoked, your death benefit will be paid to your spouse if you have been married for one year or more at the time of your death, or to your estate if you do not have a spouse or have not been married for one year or more.

You may change or revoke your beneficiary designation at any time by notifying the Fund Office in writing. However, you may not change your beneficiary designation with this form if you are divorced and the Fund Office has accepted a qualified domestic relations order that designates your beneficiary.

If you have any questions about making a beneficiary designation, contact the Fund Office at 716-839-7132 or 877-739-7136.

1. **Name:** _____
2. **Date of Birth:** _____ 3. **Local #:** _____
4. **Address:** _____

5. **S.S.#:** _____ 6. **Phone #:** (____) _____

7. Marital Status: Check the appropriate box. If you marry at any time after completing and submitting this form, your beneficiary designation will become void on the first anniversary of your marriage. If you wish to designate other beneficiaries, you must complete and submit a new form with your new spouse's consent.

- I am married. (Provide proof of marriage)
- I am single and have never been married.
- I am divorced. (Provide divorce decree)
- A Court has ordered that a portion of my benefit be paid to my child or former spouse. (Provide a copy of the order)

8. Primary Beneficiary Designation: Complete the following. You may designate one or more persons as your primary beneficiaries. If you designate more than one primary beneficiary, you may designate the percentage of your death benefit that will be paid to each primary beneficiary.

Your death benefit will be paid to your primary beneficiaries who are alive at the time of your death in proportion to the percentages you designate, or equally among your surviving primary beneficiaries if you do not designate percentages.

If none of your primary beneficiaries are alive at the time of your death, your death benefit will be paid to your secondary beneficiaries.

<u>Name</u>	<u>SS#</u>	<u>Birth Date</u>	<u>Relationship</u>	<u>Address</u>	<u>% of Benefit</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

9. Secondary Beneficiary Designation: You may designate one or more persons as your secondary beneficiaries. If you designate more than one secondary beneficiary, you may designate the percentage of your death benefit that will be paid to each secondary beneficiary.

If none of your primary beneficiaries are alive at the time of your death, your death benefit will be paid to your secondary beneficiaries who are alive at the time of your death in proportion to the percentages you designate, or equally among your secondary beneficiaries if you do not designate percentages.

If none of your primary or secondary beneficiaries are alive at the time of your death, your death benefit will be paid to your estate. Benefits paid to your estate may be subject to the claims of your creditors.

<u>Name</u>	<u>SS#</u>	<u>Birth Date</u>	<u>Relationship</u>	<u>Address</u>	<u>% of Benefit</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

10. Your Authorization and Date: I hereby revoke any previous beneficiary designations with respect to the North Atlantic States Carpenters Pension, Annuity and Welfare Funds and designate my beneficiary or beneficiaries as I have indicated on this form to receive my benefits, if any, from the Funds upon my death.

I have read and understand the instructions for this form. I have received the Summary Plan Descriptions for the Northeast Carpenters Pension, Annuity and Health Funds and understand my benefits and rights under the Funds.

Participant's Signature

Date

State of _____)
) ss.:

County of _____)

On this day of _____, 20_____, before me personally appeared _____, to me personally known to be the same person described herein and who executed the foregoing beneficiary designation, and he/she duly acknowledged to me that he/she executed the same.

Notary Public

11. Spouse's Consent: Complete if married one year or more at the time benefits will be paid or will begin to be paid.

I, the Participant's spouse, hereby consent to the beneficiary designation on this form. I understand that I have a right to have the North Atlantic States Carpenters Pension and Annuity Funds pay my spouse's retirement benefits in the special Qualified Preretirement Survivor Annuity (QPSA) or Qualified Joint and Survivor Annuity (QJSA) payment forms and **I agree to give up that right.** I acknowledge receiving and reading the applicable Spouse's Qualified Preretirement Survivor Annuity Notice or Spouse's Qualified Joint and Survivor Annuity Notice provided to me by the Fund Office.

I understand that if I have been married for one or more years at the time of my spouse's death, the North Atlantic States Carpenters Pension and Annuity Fund will pay my spouse's death benefit to me unless I consent to the designation of another beneficiary. If I do not consent, then I will automatically be my spouse's sole primary beneficiary with respect to the Funds. Each primary beneficiary designation, other than myself, is not valid unless I consent to it. I cannot revoke my consent and my spouse may change the beneficiary designation at any time without telling me and without my agreement.

I understand that I do not have to sign this form. I am signing this form voluntarily. I also acknowledge that, as the Participant's spouse, I have a right to limit my consent only to specific beneficiaries and I am giving up that right.

Spouse's Signature

Date

State of _____)
) ss.:

County of _____)

On this day of _____, 20_____, before me personally appeared _____, to me personally known to be the same person described herein and who executed the foregoing consent, and he/she duly acknowledged to me that he/she executed the same.

Notary Public