NORTH CENTRAL STATES REGIONAL COUNCIL OF CARPENTERS' BENEFIT FUNDS
P.O. BOX 4002 • EAU CLAIRE WI 54702

Print Full Name_____ Circle one (M or F)

Soc. Sec. #_____ Birth Date_____ LU #_____ Phone #_____

_____
Mailing Address City State Zip

Current Marital status: ☐ Single ☐ Divorced ☐ Separated ☐ Widowed ☐ Married

Date of Divorce(s) _____

NOT VALID UNTIL SIGNED & DATED:_____
PARTICIPANT SIGNATURE **DATE**

I designate the following primary beneficiary for each of the Pension and Health Funds. ***Benefits for primary or secondary beneficiaries are paid in equal shares.***

PENSION FUND – PRIMARY BENEFICIARY(IES)

(*Married*):

Name_____/ **SPOUSE** / Social Security #_____

Address_____ Birth Date:_____

(Not Married):

1) Name_____/_____/ Social Security #_____
Relationship

Address_____ Birth Date:_____

2) Name_____/_____/ Social Security #_____
Relationship

Address_____ Birth Date:_____

COMPLETE BOTH FRONT AND BACK OF FORM

HEALTH FUND – PRIMARY BENEFICIARY(IES)

☐ **Check here to designate the same beneficiary(ies) as Pension Fund**
Do not complete below if you check this box.

1) Name_____/_____/ Social Security #_____
Relationship

Address_____ Birth Date:_____

2) Name_____/_____/ Social Security #_____
Relationship

Address_____ Birth Date:_____

SECONDARY BENEFICIARY(IES)

If you wish to name a secondary beneficiary(ies) in the event your primary beneficiary(ies) named above is (are) not living at the time of your death, please name the secondary beneficiary(ies) here.

1) Name_____/_____/ Social Security #_____
Relationship

Address_____ Birth Date:_____

Please circle all Funds that apply: Pension Health

2) Name_____/_____/ Social Security #_____
Relationship

Address_____ Birth Date:_____

Please circle all Funds that apply: Pension Health

3) Name_____/_____/ Social Security #_____
Relationship

Address_____ Birth Date:_____

Please circle all Funds that apply: Pension Health

Attach separate sheet to name additional beneficiaries, if needed.

PRINT