

**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.