

# Beneficiary Designation for Married Participant/Change: Death Benefit

St. Louis-Kansas City Carpenters Regional Annuity Fund

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Name of Participant		Social Security Number	
Street Address	City	State	Zip

**INSTRUCTIONS:** Use this form if you are married, and either (i) have not previously designated a beneficiary to receive any Death Benefit that may become payable from the Plan in the event of your death, or (ii) if you wish to change a beneficiary you have previously designated to receive that benefit. Secondary Beneficiaries receive a benefit only if no Primary Beneficiary is living. If more than one Beneficiary is designated in either class (Primary or Secondary), the benefit for such class will be paid to them in equal shares.

**NOTE:** The Death Benefit for a Participant who dies while married for more than one year is in all cases payable to the surviving spouse, unless such spouse waives the right to that benefit and such waiver is witnessed by a Plan representative or notary public. If, after completing this form, you become divorced or your marriage is annulled and your former spouse was your designated beneficiary, that designation will be void and you will need to complete a new Beneficiary Designation Form to designate a new beneficiary. The Board of Trustees may require proof of your divorce or annulment.

**PARTICIPANT'S STATEMENT:** I, \_\_\_\_\_, hereby designate the beneficiary or beneficiaries\* named below to receive any Death Benefit that may become payable from the Plan, revoking any previous beneficiary designation I may have made with respect to the Death Benefit. If no election is made on this form, such benefit shall be payable to my surviving spouse, or if there is no surviving spouse, to my children in equal shares, or if no children, to my estate. If you have been married for more than one year, and you designate someone other than your spouse as a Primary Beneficiary, your spouse must complete the Consent of Participant's Spouse section below and sign it before a notary public or Plan representative. Failure to have the Consent of Participant's Spouse section completed in this manner will render the beneficiary election invalid.

Beneficiary Name	Relationship	<input type="checkbox"/> Primary
Address	Social Security Number	<input type="checkbox"/> Secondary
City, State, Zip Code	Date of Birth	

Beneficiary Name	Relationship	<input type="checkbox"/> Primary
Address	Social Security Number	<input type="checkbox"/> Secondary
City, State, Zip Code	Date of Birth	

\*Attach paper if more than two designated beneficiaries

**You and your spouse (where applicable) must sign this form on PAGE 2 to validate.**



## CONSENT OF PARTICIPANT'S SPOUSE

This section is to be completed by your spouse ***only*** if you are married for at least the 12 month period preceding your death ***and*** you elect someone other than your spouse as a Primary Beneficiary.

I, the undersigned spouse of the Participant named on this Beneficiary Designation Form, hereby certify I have read the Beneficiary Designation Form and fully understand the property subject to the designation is my spouse's benefit under the Plan. I understand that if I do not consent to another person being designated as my spouse's beneficiary, I will receive payment of my spouse's benefits upon his or her death if I am still alive. I am fully satisfied with the provisions of the designation and hereby consent to and accept the beneficiary designation, without regard to whether I die before or after my spouse. I understand that I must consent again if my spouse wants to designate someone else (other than me).

\_\_\_\_\_  
First Name      Middle Initial      Last Name      \_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

*The signature of the spouse must be witnessed by a notary public or the Plan representative.*

WITNESS: Notary Public or Plan Representative

Subscribed and sworn to before me on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Signature      \_\_\_\_\_  
Print Name

*[AFFIX NOTARY SEAL HERE]*

## SIGNATURE AUTHORIZATION OF THE PARTICIPANT

I hereby revoke all prior designations (if any) of primary beneficiaries, and designate the beneficiary or beneficiaries named on this form.

\_\_\_\_\_  
First Name      Middle Initial      Last Name      \_\_\_\_\_  
Date

\_\_\_\_\_  
Signature