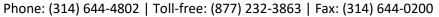
Beneficiary Designation for Single Participant/Change: Death Benefit

St. Louis-Kansas City Carpenters Regional Annuity Fund 1419 Hampton Avenue, St. Louis, MO 63139



Email: annuity@laborfunds.org | Website: laborfunds.org

CARPENTERS
BENEFIT PLANS HEALTH & RETIREMENT SERVICES

Name of Participant	Social Security Numb	er	
Street Address	City	State	Zip
receive any Death Benefit that n change a beneficiary you have benefit only if no Primary Benef	if you are not married, and (i) have not promay become payable from the Plan in the event previously designated to receive that beneficiary is living. If more than one Beneficiary ich class will be paid to them in equal shares.	ent of your de it. Secondar is designated	eath, or (ii) if you wish y Beneficiaries receive
to the surviving spouse, unless Plan representative or notary p to someone other than the P separate form is available for m PARTICIPANT'S STATEMENT: 1,		it and such we have year after signation become	vaiver is witnessed by completion of this for comes null and void.
	I may have made with respect to the Death		r the rian, revening an
Beneficiary Name	Relationship		☐ Primary ☐ Secondary
Address	Social Security Number		
City, State, Zip Code	Date of Birth		
_			
Beneficiary Name	Relationship		☐ Primary ☐ Secondary
Beneficiary Name Address	Relationship Social Security Number		•
Address City, State, Zip Code			•
Address	Social Security Number		•