

# Beneficiary Designation / Change: Death Benefits After Retirement

Carpenters Pension Trust Fund of St. Louis  
 1419 Hampton Avenue, St. Louis, MO 63139

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Carpenters' Plan

Shops' Appendix

Name of Participant or Payee	Social Security Number		
Street Address	City	State	Zip

**You may complete this form to change your Retirement Benefit beneficiary only if you:**

- were not married at the time of retirement, or
- are another person ("Payee") receiving benefits from the Pension Plan who is entitled to designate a beneficiary, or
- were married at the time of retirement, but elected a form of pension other than a Joint & Survivor Annuity: Your spouse must consent to the change by signing this form unless you are legally separated and provide the Fund Office with a certified copy of your court decree of legal separation.

**Retirees who elected a Joint & Survivor Annuity at the time of retirement may not change their beneficiary.**

**Statement by Retiree or Payee:** I, \_\_\_\_\_, hereby designate the beneficiary or beneficiaries named below to receive any Death Benefit that may become payable from the Pension Plan on account of my death, hereby also revoking any previous beneficiary designation I may have made with respect to such Death Benefit.

**Spousal Consent:** I, \_\_\_\_\_, understand that I am not required to, but nevertheless do irrevocably consent to the retiree's actions specified in the preceding paragraph of this form.

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

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

Signature of Participant/Payee	Date	Signature of Spouse (if required)	Date
		Signature of Witness	Date