Beneficiary Designation Form

Mid-America Carpenters Regional Council Health, Pension, Annuity, & Vacation Funds
St. Louis-Kansas City Southern Region
1419 Hampton Avenue, St. Louis, MO 63139
Phone: (314) 644-4802, option 1 | Fax: (314) 678-1110 | Email: benefits@laborfunds.org

Beneficiary Designation(s) become effective on the date your properly completed form is received by the Fund Office. Receipt of this form does not guarantee eligibility. To ensure the integrity of your designations, DO NOT scratch out any entries or use correction fluid or correction tape (i.e., whiteout). Please print clearly in blue or black pen. If you make a mistake, you must complete a new form.

SECTION 1: PARTICIPANT/RETIREE INFORMATION

Participant Legal Last Name	Participant Legal First Name	Participant Legal Middle Name	Participant Status ☐ Active ☐ Retiree

Date of Birth	Participant Full SSN or Individual Tax ID Number	Marital Status ☐ Never Married ☐ Married ☐ Divorced ☐ Widowed	Date of Marriage (if applicable)

Participant Preferred Phone Number	Is this a Cell? ☐ Yes ☐ No	Opt **Out** of Important Texts Regarding Coverage? ☐ Yes	Email Address

SECTION 2: BENEFICIARY DESIGNATION

List all primary and secondary beneficiaries with legal name.
If applicable, additional Beneficiaries should be listed on a separate sheet.

Select which Funds you would like for the designations below to be applied (check all that apply): If you would like separate beneficiaries for each fund, you **must** complete a separate form for each Fund. If you do not check any boxes, your beneficiaries listed below will be applied to all Funds.

☐ **ALL Funds** (default) ☐ **Health & Vacation** ☐ **Outside Pension** ☐ **Shops Pension** ☐ **Annuity**

	Beneficiary Full Legal Name	Beneficiary DOB	Beneficiary SSN	Beneficiary Email Address
1				

Beneficiary Address	Beneficiary Phone Number	Relationship to Participant	Primary or Secondary ☐ Primary ☐ Secondary

	Beneficiary Full Legal Name	Beneficiary DOB	Beneficiary SSN	Beneficiary Email Address
2				

Beneficiary Address	Beneficiary Phone Number	Relationship to Participant	Primary or Secondary ☐ Primary ☐ Secondary

	Beneficiary Full Legal Name	Beneficiary DOB	Beneficiary SSN	Beneficiary Email Address
3				

Beneficiary Address	Beneficiary Phone Number	Relationship to Participant	Primary or Secondary ☐ Primary ☐ Secondary

	Beneficiary Full Legal Name	Beneficiary DOB	Beneficiary SSN	Beneficiary Email Address
4				

Beneficiary Address	Beneficiary Phone Number	Relationship to Participant	Primary or Secondary ☐ Primary ☐ Secondary

SECTION 3: PARTICIPANT ACKNOWLEDGEMENT AND SIGNATURE

I hereby revoke any and all previous beneficiary designations and hereby designate those named on this form as my beneficiary(ies) for the selected Funds. I understand that I may change my beneficiary designation(s) at any time by completing a new Beneficiary Designation Form which becomes effective only after the new form is received by the Fund Office. I acknowledge that I have received and read the Beneficiary Designation Form Rules and Requirements.

X _____ _____

Participant Signature **Date**

SECTION 4: SPOUSAL CONSENT

Required if spouse is not the sole primary beneficiary of the Pension Fund.

Read the following carefully before signing in the presence of a witness.

I am the current legal spouse of the Participant/Retiree. I have voluntarily consented to permit my spouse to name a beneficiary other than me to receive the death benefit due (if any) from the Carpenters Pension Trust Fund of St Louis.

I acknowledge and understand that:

(1) the effect of my consent will be to forfeit benefits I would otherwise be entitled to receive from the Carpenters Pension Trust Fund of St Louis upon my spouse's death;

(2) my spouse's designation of another primary beneficiary for benefits from the Carpenters Pension Trust Fund of St Louis is not valid unless I consent to it; and

(3) my consent is irrevocable unless my spouse revokes the designation or unless otherwise provided for under a Qualified Domestic Relations Order.

☐ **Check this box to waive your rights as the exclusive beneficiary of the Carpenters Pension Trust Fund of St Louis.**

Required if spouse is not the sole primary beneficiary of the Annuity Fund.

Read the following carefully before signing in the presence of a witness.

I am the current legal spouse of the Participant/Retiree. I have voluntarily consented to permit my spouse to name a beneficiary other than me to receive the death benefit due (if any) from the St Louis-Kansas City Carpenters Regional Annuity Fund.

I acknowledge and understand that:

(1) the effect of my consent will be to forfeit benefits I would otherwise be entitled to receive from the St Louis-Kansas City Carpenters Regional Annuity Fund upon my spouse's death;

(2) my spouse's designation of another primary beneficiary for benefits from the St Louis-Kansas City Carpenters Regional Annuity Fund is not valid unless I consent to it; and

(3) my consent is irrevocable unless my spouse revokes the designation or unless otherwise provided for under a Qualified Domestic Relations Order.

☐ **Check this box to waive your rights as the exclusive beneficiary of the St Louis-Kansas City Carpenters Regional Annuity Fund.**

X _____ _____

Signature of Spouse | Date

Your signature **must be witnessed** by a plan representative or a notary public who is not a beneficiary. **Do not sign until in their presence.**

Witness Attestation	
(Notary Seal) _____ Signature of Notary Public/Plan Representative	State of: _____ County of: _____ I, _____, certify that _____ Notary or Plan Representative Name Participant's personally appeared before me and signed this document in my presence on this _____day of _____ in the year _____. My commission expires _____.

Submit completed Beneficiary Designation Form:

- **Upload** securely to the Member Portal: **laborfunds.org/member-portal**
- By **mail** to 1419 Hampton Avenue, Attn: Participant Services St. Louis, MO 63139
- By **fax** to (314) 678-1110