

## Beneficiary Designation Form Rules and Requirements

Mid-America Carpenters Regional Council Health, Pension, Annuity, & Vacation Fund (Funds)  
St. Louis-Kansas City Southern Region



The information below provides general rules and requirements for you to keep in mind as you complete the Funds' Beneficiary Designation Form. Additional information can be found in the Plan Documents located on our website at [laborfunds.org](http://laborfunds.org). In the event of any inconsistency between this information and the Plan Documents, the Plan Documents control.

### General Guidelines

- Beneficiary Designation(s) become effective on the date your properly completed form is received by the Fund Office.
- *You may wish to consult with an attorney regarding the formal beneficiary designation most suitable for your situation.*
- You should designate at least one primary beneficiary, and it is recommended you also designate at least one secondary beneficiary or multiple primary beneficiaries.
- Receipt of the Beneficiary Designation Form does not guarantee eligibility.

### Key Terminology

**Primary Beneficiary:** Your first choice(s) to receive death benefits due in the event of your death.

- If you designate more than one Primary Beneficiary ("Primary"), the benefit due will be allocated proportionally to the Primaries.
- If one of the Primaries does not survive you, the benefit due will be allocated proportionally among remaining Primaries.

**Secondary Beneficiary** (also known as a Contingent Beneficiary): Your second choice to receive death benefits if your Primary(ies) passes away before you do.

- If you designate more than one Primary, all Primaries must have died before any of the Secondary Beneficiaries ("Secondary(ies)") are entitled to receive benefits.
- If you name more than one Secondary, and if one of them does not survive you, the benefit due to them will be split proportionally among any remaining Secondaries.

### Pension Fund

The Pension Fund is a Defined Benefit Plan which is funded solely by employer contributions and maintained for the purpose of providing retirement benefits to eligible Participants. Benefits are determined according to a specific formula stated in the Plan document and are generally paid as an annuity.

- The Death Benefit for a Participant who dies while married for more than one year is in most 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.

### Annuity Fund

The Annuity Fund is a Defined Contribution Plan which is a retirement savings plan funded solely by employer contributions.

- 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.

### Health & Vacation Funds

The Health Fund offers a Life Insurance Benefit under a policy issued by Metlife. The benefit varies depending on whether you are an active or retired Health Fund participant or eligible dependent. The Vacation Benefit will follow the same beneficiary designation as the Health Fund.

- Your spouse is not required to be the sole primary beneficiary for this benefit.

#### **Consider updating your beneficiaries if you get married, divorced, or your spouse or any named beneficiary dies.**

To change beneficiaries at any time in the future, contact the Fund Office for a new beneficiary form or download one from our website. Please note, prior spousal designations are voided upon divorce. If you still want your former spouse to be your beneficiary, a new form must be completed **post**-divorce (unless the Fund receives a qualified domestic relations order designating your former spouse as your beneficiary).



## 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](mailto: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 <input type="checkbox"/> Active <input type="checkbox"/> Retiree
Date of Birth	Participant Full SSN or Individual Tax ID Number		Marital Status <input type="checkbox"/> Never Married <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	
			Date of Marriage (if applicable)	
Participant Preferred Phone Number	Is this a Cell? <input type="checkbox"/> Yes <input type="checkbox"/> No	Opt <u>Out</u> of Important Texts Regarding Coverage? <input type="checkbox"/> Yes	Email Address	

SECTION 2: BENEFICIARY DESIGNATION				
<p><i>List all primary and secondary beneficiaries with legal name. If applicable, additional Beneficiaries should be listed on a separate sheet.</i></p> <p>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 <b>must</b> complete a separate form for each Fund. If you do not check any boxes, your beneficiaries listed below will be applied to all Funds.</p> <p> <input type="checkbox"/> <b>ALL Funds</b> (default)    <input type="checkbox"/> <b>Health &amp; Vacation</b>  <input type="checkbox"/> <b>Outside Pension</b>    <input type="checkbox"/> <b>Shops Pension</b>    <input type="checkbox"/> <b>Annuity</b> </p>				
1	Beneficiary Full Legal Name		Beneficiary DOB	Beneficiary SSN
	Beneficiary Address		Beneficiary Phone Number	Relationship to Participant
				Primary or Secondary <input type="checkbox"/> Primary <input type="checkbox"/> Secondary
2	Beneficiary Full Legal Name		Beneficiary DOB	Beneficiary SSN
	Beneficiary Address		Beneficiary Phone Number	Relationship to Participant
				Primary or Secondary <input type="checkbox"/> Primary <input type="checkbox"/> Secondary
3	Beneficiary Full Legal Name		Beneficiary DOB	Beneficiary SSN
	Beneficiary Address		Beneficiary Phone Number	Relationship to Participant
				Primary or Secondary <input type="checkbox"/> Primary <input type="checkbox"/> Secondary
4	Beneficiary Full Legal Name		Beneficiary DOB	Beneficiary SSN
	Beneficiary Address		Beneficiary Phone Number	Relationship to Participant
				Primary or Secondary <input type="checkbox"/> Primary <input type="checkbox"/> Secondary

SECTION 3: PARTICIPANT ACKNOWLEDGEMENT AND SIGNATURE	
<p>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.</p>	

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.

Signature of Spouse	Date
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Signature of Spouse	Date
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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)	Notary Public for the State of _____
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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 \_\_\_\_\_.

Signature of Notary Public/Plan Representative \_\_\_\_\_

**Submit completed Beneficiary Designation Form:**

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