

**NORTH CENTRAL STATES REGIONAL COUNCIL OF CARPENTERS' BENEFIT FUNDS  
P.O. BOX 4002 • EAU CLAIRE WI 54702**

Print Full Name \_\_\_\_\_ Circle one (M or F)

Soc. Sec. # \_\_\_\_\_ Birth Date \_\_\_\_\_ LU # \_\_\_\_\_ Phone # \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Current Marital status:     Single     Divorced     Separated     Widowed     Married

Date of Divorce(s) \_\_\_\_\_

**NOT VALID UNTIL SIGNED & DATED:** \_\_\_\_\_  
**PARTICIPANT SIGNATURE** **DATE**

*I designate the following primary beneficiary for each of the Pension, Health and Vacation Funds.  
Benefits for primary or secondary beneficiaries are paid in equal shares.*

**PENSION FUND – PRIMARY BENEFICIARY(IES)**

(Married):

Name \_\_\_\_\_ / **SPOUSE** / Social Security # \_\_\_\_\_

Address \_\_\_\_\_ Birth Date: \_\_\_\_\_

(Not Married):

1) Name \_\_\_\_\_ / \_\_\_\_\_ / Social Security # \_\_\_\_\_  
Relationship

Address \_\_\_\_\_ Birth Date: \_\_\_\_\_

2) Name \_\_\_\_\_ / \_\_\_\_\_ / Social Security # \_\_\_\_\_  
Relationship

Address \_\_\_\_\_ Birth Date: \_\_\_\_\_

**COMPLETE BOTH FRONT AND BACK OF FORM**

**HEALTH FUND – PRIMARY BENEFICIARY(IES)**

**Check here to designate the same beneficiary(ies) as Pension Fund  
Do not complete below if you check this box.**

1) Name \_\_\_\_\_ / \_\_\_\_\_ / Social Security # \_\_\_\_\_  
Relationship

Address \_\_\_\_\_ Birth Date: \_\_\_\_\_

2) Name \_\_\_\_\_ / \_\_\_\_\_ / Social Security # \_\_\_\_\_  
Relationship

Address \_\_\_\_\_ Birth Date: \_\_\_\_\_

**VACATION FUND – PRIMARY BENEFICAIRY(IES)**

**Check here to designate the same beneficiary(ies) as Pension Fund  
Do not complete below if you check this box.**

1) Name \_\_\_\_\_ / \_\_\_\_\_ / Social Security # \_\_\_\_\_  
Relationship

Address \_\_\_\_\_ Birth Date: \_\_\_\_\_

2) Name \_\_\_\_\_ / \_\_\_\_\_ / Social Security # \_\_\_\_\_  
Relationship

Address \_\_\_\_\_ Birth Date: \_\_\_\_\_

**SECONDARY BENEFICIARY(IES)**

*If you wish to name a secondary beneficiary(ies) in the event your primary beneficiary(ies) named above is (are) not living at the time of your death, please name the secondary beneficiary(ies) here.*

1) Name \_\_\_\_\_ / \_\_\_\_\_ / Social Security # \_\_\_\_\_  
Relationship

Address \_\_\_\_\_ Birth Date: \_\_\_\_\_

Please circle all Funds that apply: Pension Health Vacation

2) Name \_\_\_\_\_ / \_\_\_\_\_ / Social Security # \_\_\_\_\_  
Relationship

Address \_\_\_\_\_ Birth Date: \_\_\_\_\_

Please circle all Funds that apply: Pension Health Vacation

**Attach separate sheet to name additional beneficiaries, if needed.**