



## Carpenters Pension Fund of Illinois

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### Beneficiary Designation Form

#### Section 1 – PARTICIPANT INFORMATION (Please Print)

Name Social Security Number Local #

Street Address City, State and Zip Code

Date of Birth Telephone Number

Email Address

#### Section 2 – REASON FOR CHANGE (Check One Box)

- Marriage – Please provide a copy of your Marriage Certificate.  
 Divorce – Please provide a complete copy of your filed divorce decree  
 Death – Please provide a Death Certificate  
 Other -

#### Section 3 – BENEFICIARY DESIGNATION (Subject to Spousal Consent)

I hereby designate the following person(s) as my beneficiary(ies) to receive benefits, if any, payable at my death under the Carpenters Pension Plan of Illinois. **If I am married, my spouse will automatically be my beneficiary.** I also understand that my spouse must consent to my non-spouse beneficiary(ies) designation if I name beneficiary(ies) in addition to my spouse; however, I understand that such spousal consent does not waive my spouse's right to a Qualified Pre-Retirement Spouse Pension. I further understand that if I name another beneficiary(ies) in addition to my spouse to share in the death benefits, the Plan's terms provide that there will not be any death benefits payable to the non-spouse beneficiary(ies) unless my spouse waives the Qualified Pre-Retirement Spouse Pension (QPSA). If the lump sum death benefit (LSDB) exceeds the present value of the QPSA, then the non-spouse beneficiary(ies) will receive only that excess value of the LSDB over the present value of the QPSA.

Name Social Security Number

Street Address City, State and Zip Code

Relationship Date of Birth

*You may use the back of this sheet to enter more than one (1) Beneficiary. All Beneficiaries will share equally in any benefits due.*

#### PARTICIPANT SIGNATURE

Signature Date

#### Section 4 – SPOUSAL CONSENT

I acknowledge and consent to my spouse's election of beneficiary(ies). I understand that this consent does not waive my right to a Qualified Pre-Retirement Spouse Pension. I further understand that I may share in the lump sum death benefit (LSDB) with the beneficiary(ies) elected if I waive my right to the Qualified Pre-Retirement Survivor Pension (QPSA) and the LSDB exceeds the present value of the QPSA.

Spouse's Name (Please Print) Spouse's Signature Date

Notary Public – Signature and Date Notary Public Seal