



North Atlantic States Carpenters  
Benefit Funds

Connecticut Office

10 Broadway  
Hamden, CT 06518  
www.carpentersfund.org  
Phone: 800-922-6026  
Fax: 203-230-5958

**BENEFICIARY DESIGNATION FORM  
PENSION, ANNUITY, HEALTH BENEFITS  
AND VACATION FUNDS**

**All 4 pages must be signed and returned for processing.  
Failure to do so will result in the form not being accepted.**

**MARITAL STATUS:** ☐ Married ☐ Remarried ☐ Single - Never Married ☐ Divorced ☐ Widowed

Please complete the following form to identify beneficiaries for your Pension, Annuity, Health Benefits and Vacation Funds. If you are currently married, please identify only one (1) beneficiary for your Pension and Annuity Funds as this person will serve as your primary beneficiary. The primary beneficiary designation is extinguished upon divorce and a new beneficiary form must be completed. Additionally, if you have been previously divorced, please send a copy of the divorce decree and all associated documents. If you are widowed, please send a copy of your late spouse's death certificate. **If you wish to designate more than two (2) beneficiaries, please contact the fund office for a second form to be completed.**

**NORTH ATLANTIC STATES CARPENTERS PENSION FUND**

**I hereby designate the following beneficiary(ies): If you wish to designate more than two (2) beneficiaries, please contact the fund office for a second form to be completed.**

(If you have been married for at least one year you must list your spouse as the beneficiary, he/she will serve as the primary and sole beneficiary.)

BENEFICIARY NAME (please print)		
Relationship to Member		Tel: (    )
Address (No. Street, City, State, Zip)		
Social Security Number		
Date of Birth (MM/DD/YYYY)		

Additional Beneficiary (optional, only if not married)

BENEFICIARY NAME (please print)		
Relationship to Member		Tel: (    )
Address (No. Street, City, State, Zip)		
Social Security Number		
Date of Birth (MM/DD/YYYY)		

**NORTH ATLANTIC STATES CARPENTERS VACATION FUND**

The primary beneficiary and contingent beneficiary you have designated for your Pension Plan will serve as your primary and contingent beneficiary for the Vacation Fund.

**Member Signature**

**Witness Signature**

**Date**

\*

THIS FORM MUST BE WITNESSED BY SOMEONE  
WHO IS **NOT** LISTED ON THIS FORM

\*

## NORTH ATLANTIC STATES CARPENTERS ANNUITY FUND

I hereby designate the following beneficiary(ies): If you wish to designate more than two (2) beneficiaries please contact the fund office for a second form to be completed. If you have an account with the North Atlantic States Carpenters Guaranteed Annuity Fund, you must complete a separate form to designate beneficiaries for that Fund.

(If you have been married for at least one year you must list your spouse as the beneficiary. He/she will serve as the primary and sole beneficiary). If you are married and over age 35, you may designate someone other than your spouse, provided your spouse completes a waiver of Pre-Retirement Death Benefit form. Please contact the Fund Office for the form.

BENEFICIARY NAME (please print)		
Relationship to Member		Tel: (    )
Address (No. Street, City, State, Zip)		
Social Security Number		
Date of Birth (MM/DD/YYYY)		

Additional Beneficiary *(optional, only if not married)*

BENEFICIARY NAME (please print)		
Relationship to Member		Tel: (    )
Address (No. Street, City, State, Zip)		
Social Security Number		
Date of Birth (MM/DD/YYYY)		

## NORTH ATLANTIC STATES CARPENTERS HEALTH BENEFITS FUND Life Insurance

I hereby designate the following beneficiary(ies): If you wish to designate more than two (2) beneficiaries please contact the fund office for a second form to be completed.

BENEFICIARY NAME (please print)		
Relationship to Member		Tel: (    )
Address (No. Street, City, State, Zip)		
Social Security Number		
Date of Birth (MM/DD/YYYY)		

BENEFICIARY NAME (please print)		
Relationship to Member		Tel: (    )
Address (No. Street, City, State, Zip)		
Social Security Number		
Date of Birth (MM/DD/YYYY)		

\_\_\_\_\_  
**Member Signature**

\_\_\_\_\_  
**Witness Signature**

\_\_\_\_\_  
**Date**

\*

THIS FORM MUST BE WITNESSED BY SOMEONE  
WHO IS NOT LISTED ON THIS FORM

\*

## CONTINGENT (SECONDARY) BENEFICIARY DESIGNATION FOR PENSION, ANNUITY, HEALTH BENEFITS AND VACATION FUND

I hereby designate the following contingent beneficiary(ies) to receive the entire death benefit to which I may be entitled under the North Atlantic States Carpenters Pension Fund, North Atlantic States Carpenters Annuity Fund, North Atlantic States Carpenters Health Benefits Fund, and North Atlantic States Carpenters Vacation Fund, if, at my death, my primary beneficiary(ies) is not living.

### NORTH ATLANTIC STATES CARPENTERS PENSION FUND

I hereby designate the following contingent beneficiary(ies): If you wish to designate more than two (2) beneficiaries please contact the fund office for a second form to be completed.

BENEFICIARY NAME (please print)		Date of Birth
Relationship to Member		Tel: (    )
Address (No. Street, City, State, Zip)		

BENEFICIARY NAME (please print)		Date of Birth
Relationship to Member		Tel: (    )
Address (No. Street, City, State, Zip)		

### NORTH ATLANTIC STATES CARPENTERS ANNUITY FUND

I hereby designate the following contingent beneficiary(ies): If you wish to designate more than two (2) beneficiaries please contact the fund office for a second form to be completed.

BENEFICIARY NAME (please print)		Date of Birth
Relationship to Member		Tel: (    )
Address (No. Street, City, State, Zip)		

BENEFICIARY NAME (please print)		Date of Birth
Relationship to Member		Tel: (    )
Address (No. Street, City, State, Zip)		

### NORTH ATLANTIC STATES CARPENTERS HEALTH BENEFITS FUND Life Insurance

I hereby designate the following contingent beneficiary(ies): If you wish to designate more than two (2) beneficiaries please contact the fund office for a second form to be completed.

BENEFICIARY NAME (please print)		Date of Birth
Relationship to Member		Tel: (    )
Address (No. Street, City, State, Zip)		

BENEFICIARY NAME (please print)		Date of Birth
Relationship to Member		Tel: (    )
Address (No. Street, City, State, Zip)		

\_\_\_\_\_  
**Member Signature**

\_\_\_\_\_  
**Witness Signature**

\_\_\_\_\_  
**Date**

\*

THIS FORM MUST BE WITNESSED BY SOMEONE  
WHO IS **NOT** LISTED ON THIS FORM

\*

**You must select one of the following:**

- ☐ If upon my death, I have more than one beneficiary designated and one of the beneficiaries pre-deceased me, please divide the death benefit due to my remaining beneficiaries.
- ☐ If upon my death, I have more than one beneficiary designated and one of the beneficiaries pre-deceased me, please divide the deceased beneficiary's share between his or her children.

**The member must provide the following information to validate all beneficiaries listed above:**

MEMBER NAME (please print)	
Address (No. Street, City, State, Zip)	
UBC #	
Social Security Number	
Date of Birth	
Email Address	
Local Union	
Telephone Number	

\_\_\_\_\_  
**Member Signature**

\_\_\_\_\_  
**Witness Signature**

\_\_\_\_\_  
**Date**

\*

THIS FORM MUST BE WITNESSED BY SOMEONE  
WHO IS **NOT** LISTED ON THIS FORM

\*

**To change your beneficiary, you must complete a new form. Upon receipt of the new form, all previous beneficiary forms will be considered null and void.**

Once your Beneficiary Designation form is processed, you will be able to view your beneficiaries on the Member Self Service Portal located at:  
<https://selfservice.carpentersfund.org>

**Completed forms should be returned to the address listed below:**

**North Atlantic States Carpenters Benefit Funds  
Connecticut Office  
ATTN: Member Services  
10 Broadway  
Hamden, CT 06518**