



North Atlantic States Carpenters
Benefit Funds

Long Island Office
270 Motor Pkwy
Hauppauge, NY 11788-5150
Phone: (631) 952-9700
Toll Free: 1(877) 372-3236
Fax: (631) 952-9813
www.carpentersfund.org

**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 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.**

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.

MEMBER NAME (please print)	
Address (No. Street, City, State, Zip)	
UBC #	
Social Security Number	
Date of Birth (MM/DD/YYYY)	
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.

NORTH ATLANTIC STATES CARPENTERS PENSION 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.

BENEFICIARY NAME-PRIMARY (please print)			
Relationship to Member		Tel:	
Address (No. Street, City, State, Zip)			
Last 4 digits of Social Security Number			
Date of Birth (MM/DD/YYYY)		% of Benefit	

Additional Beneficiary (optional, only if not married)

BENEFICIARY NAME-PRIMARY (please print)			
Relationship to Member		Tel:	
Address (No. Street, City, State, Zip)			
Last 4 digits of Social Security Number			
Date of Birth (MM/DD/YYYY)		% of Benefit	

NORTH ATLANTIC STATES CARPENTERS ANNUITY 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.

BENEFICIARY NAME-PRIMARY (please print)			
Relationship to Member		Tel:	
Address (No. Street, City, State, Zip)			
Last 4 digits of Social Security Number			
Date of Birth (MM/DD/YYYY)		% of Benefit	

Additional Beneficiary (optional, only if not married)

BENEFICIARY NAME-PRIMARY (please print)			
Relationship to Member		Tel:	
Address (No. Street, City, State, Zip)			
Last 4 digits of Social Security Number			
Date of Birth (MM/DD/YYYY)		% of Benefit	

Member Signature

Witness Signature

Date

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

NORTH ATLANTIC STATES CARPENTERS HEALTH BENEFITS AND VACATION 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.

BENEFICIARY NAME-PRIMARY (please print)			
Relationship to Member		Tel:	
Address (No. Street, City, State, Zip)			
Last 4 digits of Social Security Number			
Date of Birth (MM/DD/YYYY)		% of Benefit	

Additional Beneficiary (optional, only if not married)

BENEFICIARY NAME-PRIMARY (please print)			
Relationship to Member		Tel:	
Address (No. Street, City, State, Zip)			
Last 4 digits of Social Security Number			
Date of Birth (MM/DD/YYYY)		% of Benefit	

CONTINGENT BENEFICIARY DESIGNATION FOR PENSION, ANNUITY, HEALTH BENEFITS AND VACATION FUND

I hereby designate the following contingent beneficiary(s) to receive the entire death benefit to which I may be entitled under the North Atlantic States Carpenters Benefit Funds, if, at my death, my primary beneficiary(s) is not living.

NORTH ATLANTIC STATES CARPENTERS PENSION FUND

BENEFICIARY NAME (please print)			
Relationship to Member		Tel:	
Address (No. Street, City, State, Zip)			
Last 4 digits of Social Security Number			
Date of Birth (MM/DD/YYYY)		% of Benefit	

BENEFICIARY NAME (please print)			
Relationship to Member		Tel:	
Address (No. Street, City, State, Zip)			
Last 4 digits of Social Security Number			
Date of Birth (MM/DD/YYYY)		% of Benefit	

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

BENEFICIARY NAME (please print)			
Relationship to Member		Tel:	
Address (No. Street, City, State, Zip)			
Last 4 digits of Social Security Number			
Date of Birth (MM/DD/YYYY)		% of Benefit	

BENEFICIARY NAME (please print)			
Relationship to Member		Tel:	
Address (No. Street, City, State, Zip)			
Last 4 digits of Social Security Number			
Date of Birth (MM/DD/YYYY)		% of Benefit	

NORTH ATLANTIC STATES CARPENTERS HEALTH BENEFITS AND VACATION FUND

BENEFICIARY NAME (please print)			
Relationship to Member		Tel:	
Address (No. Street, City, State, Zip)			
Last 4 digits of Social Security Number			
Date of Birth (MM/DD/YYYY)		% of Benefit	

BENEFICIARY NAME (please print)			
Relationship to Member		Tel:	
Address (No. Street, City, State, Zip)			
Last 4 digits of Social Security Number			
Date of Birth (MM/DD/YYYY)		% of Benefit	

Completed forms should be returned to the address listed below:
 North Atlantic States Carpenters Benefit Funds
 Long Island Office
 Attn: Member Services
 270 Motor Pkwy
 Hauppauge, NY 11788

_____ **Member Signature**

_____ **Witness Signature**

_____ **Date**

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