



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
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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	