



Enrollment Form

PART A – PARTICIPANT INFORMATION (Please Print)

First Name _____ Middle Name _____ Last Name _____

Street Address _____ City, State, Zip _____

Email Address _____

Telephone No. (_____) _____ Sex Male Female

Social Security No.

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 Birth Date ____ / ____ / ____

Original Local Union No. _____ City, State of Local Union _____ Date of Initiation ____ / ____ / ____

Current Local Union No. _____ City, State of Local Union _____ Date Joined or Transferred ____ / ____ / ____

PART B – MARITAL STATUS (Check One)

Single Married Divorced Widowed Separated

PART C – PENSION PLAN BENEFICIARY

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.

Beneficiary Designation – Pension Plan

Name _____ Soc. Sec. No. _____

Address _____

Relationship _____ Birth Date ____ / ____ / ____

Participant Signature _____ Date _____



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

Date

Notary Public Seal