SOUTHWEST OHIO DISTRICT COUNCIL OF CARPENTERS PENSION FUND

DEAR PLAN PARTICIPANT:

Please complete this form and return it to our office as soon as possible. This form is very important to you. When completed and signed it will be your beneficiary designation for this local union pension fund. You may change your beneficiary designation at any time. To do so you must file a new beneficiary form with the Fund Office.

PLEASE PRINT:

NAME_____ SOC. SEC.#_____

ADDRESS_____

ZIP CODE_____ HOME PHONE: (_____)_____BIRTH DATE_____

MALE ____   FEMALE ____   MARRIED_____   SINGLE

BENEFICIARY(IES) DESIGNATION:

If the Plan Participant is married and the <u>primary</u> beneficiary listed below is NOT the Plan Participant's spouse, the Plan Participant <u>should</u> contact the Fund Office at the phone number listed above to request the Election To Waive Pre-retirement Survivor Annuity Form. If you complete this Beneficiary Form and elect a Primary Beneficiary other than your spouse without obtaining these additional forms, once you return this beneficiary form to the Fund Office, these waiver forms and notices will automatically be sent.

I designate the individual(s) named below as my primary and contingent beneficiary(ies) of this local pension fund. I revoke all prior beneficiary designations, if any, made by me.

PRIMARY BENEFICIARY: NAME

SOC.SEC.#_____ RELATIONSHIP_____

ADDRESS_____

CITY_____ STATE_____ ZIP CODE_____

BIRTHDATE____/____/____

CONTINGENT BENEFICIARY If at the time of your death, your primary beneficiary is also deceased, your named contingent beneficiary would become your beneficiary:
NAME_____ SSN#_____
ADDRESS_____
CITY_____STATE_____ZIP CODE

RELATIONSHIP_____BIRTHDATE____/____/____
(Additional Contingent Beneficiaries may be listed on the reverse side)

Signature_____ Date_____