



Beneficiary Designation Form

Mid-America Carpenters Regional Council Pension Fund
12 E. Erie St, Chicago, IL 60611
Phone: (312) 787-9455 | Fax: (312) 951-1515 | Email: submit@macbenefits.org

Merger: \$3,000 Death Benefit

Legacy Fund: IKO

Beneficiary Designation(s) become effective on the date your properly completed form is received by the Fund Office. Receipt of this form does not guarantee eligibility. To ensure the integrity of your designations, DO NOT scratch out any entries or use correction fluid or correction tape (i.e., whiteout). Please print clearly in blue or black pen. If you make a mistake, you must complete a new form.

SECTION 1: PARTICIPANT/RETIREE INFORMATION					
Participant Legal Last Name		Participant Legal First Name		Participant Legal Middle Name	
Date of Birth (MM/DD/YYYY)		Participant Preferred Phone Number		Is this a Cell? <input type="checkbox"/> Yes <input type="checkbox"/> No	Opt Out of Important Texts Regarding Coverage? <input type="checkbox"/> Yes
Participant Full SSN or Individual Tax ID Number		Marital Status <input type="checkbox"/> Never Married <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed		Date of Marriage (if applicable) (MM/DD/YYYY)	
Email Address					

SECTION 2: BENEFICIARY DESIGNATION						
<i>List all primary and secondary beneficiaries with legal name. If applicable, additional Beneficiaries should be listed on a separate form.</i>						
1	Beneficiary Legal Last Name		Beneficiary Legal First Name		Beneficiary Legal Middle Name	
	Beneficiary DOB		Beneficiary Phone Number		Beneficiary SSN	
	Beneficiary Email Address			Relationship to Participant		Primary or Secondary <input type="checkbox"/> Primary <input type="checkbox"/> Secondary
	Beneficiary Street Address			City		State
2	Beneficiary Legal Last Name		Beneficiary Legal First Name		Beneficiary Legal Middle Name	
	Beneficiary DOB		Beneficiary Phone Number		Beneficiary SSN	
	Beneficiary Email Address			Relationship to Participant		Primary or Secondary <input type="checkbox"/> Primary <input type="checkbox"/> Secondary
	Beneficiary Street Address			City		State
3	Beneficiary Legal Last Name		Beneficiary Legal First Name		Beneficiary Legal Middle Name	
	Beneficiary DOB		Beneficiary Phone Number		Beneficiary SSN	
	Beneficiary Email Address			Relationship to Participant		Primary or Secondary <input type="checkbox"/> Primary <input type="checkbox"/> Secondary
	Beneficiary Street Address			City		State

SECTION 3: PARTICIPANT ACKNOWLEDGEMENT AND SIGNATURE

I hereby revoke any and all previous beneficiary designations and hereby designate those named on this form as my beneficiary(ies) for the Pension Fund. I understand that I may change my beneficiary designation(s) at any time by completing a new Beneficiary Designation Form which becomes effective only after the new form is received by the Fund Office. I acknowledge that I have received and read the Beneficiary Designation Form Rules and Requirements.

X

Participant Signature

Date

Submit completed Beneficiary Designation Form:

- **By mail to** 12 E. Erie, St., Chicago, IL 60611
- **By email to** submit@macbenefits.org
- **By fax to** (312) 951-1515