



Legacy Fund: STL

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? ☐ Yes ☐ No	Opt Out of Important Texts Regarding Coverage? ☐ Yes	
Participant Full SSN or Individual Tax ID Number		Marital Status ☐ Never Married ☐ Married ☐ Divorced ☐ 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 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 ☐ Primary ☐ Secondary
	Beneficiary Street Address		City		State	Zip Code
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 ☐ Primary ☐ Secondary
	Beneficiary Street Address		City		State	Zip Code
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 ☐ Primary ☐ Secondary
	Beneficiary Street Address		City		State	Zip Code

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

SECTION 4: SPOUSAL CONSENT

Required if spouse is not the sole primary beneficiary of the Pension Fund.

Please note: This option is not available until the Participant has reached at least Early Retirement Age (55).

Read the following carefully before signing in the presence of a witness.

I am the current legal spouse of the Participant/Retiree. I have voluntarily consented to permit my spouse to name a beneficiary other than me to receive the death benefit due (if any) from the Mid-America Carpenters Regional Council Pension Fund.

I acknowledge and understand that:

- (1) the effect of my consent will be to forfeit benefits I would otherwise be entitled to receive from the Mid-America Carpenters Pension Fund upon my spouse's death;
- (2) my spouse's designation of another primary beneficiary for benefits from the Mid-America Carpenters Regional Council Pension Fund is not valid unless I consent to it; and
- (3) my consent is irrevocable unless my spouse revokes the designation or unless otherwise provided for under a Qualified Domestic Relations Order.

☐ **Check this box to waive your rights as the exclusive beneficiary of the Mid-America Carpenters Regional Council Pension Fund.**

X

Signature of Spouse

Date

Your spouse's signature **must be witnessed** by a plan representative or a notary public who is not a beneficiary. **Do not sign until in their presence.**

Witness Attestation

(Notary Seal)

State of: _____ County of: _____

I, _____, certify that _____
Notary or Plan Representative Name Participant's Spouse

personally appeared before me and signed this document in my presence on

this _____ day of _____ in the year _____.

My commission expires _____.

Signature of Notary Public/Plan Representative

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
- **Member Portal** at macbenefits.org/STLpension