# Beneficiary Designation Form

Mid-America Carpenters Regional Council Health, Pension, Vacation,
Retirement Savings Plan, and Supplemental Retirement Funds
12 E. Erie St, Chicago, IL 60611
Fax: (312) 951-1515 | Email: submit@macbenefits.org

QR code for internal use only.

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/tape (i.e., whiteout). Please print clearly in blue or black pen. If you make a mistake, you must complete a new form. An original ink signature is required.

## 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) |
|---|---|---|
| | | |

| Active or Retiree? ☐ Active ☐ Retiree | Email Address |
|---|---|
| | |

## SECTION 2: BENEFICIARY DESIGNATION

***List all primary and secondary beneficiaries with legal name.***
*If applicable, additional Beneficiaries should be listed on a separate sheet.*

**This form applies only to Funds administered by MACRC.**

Select which Funds you would like for the designations below to be applied (check all that apply): If you would like separate beneficiaries for each fund, you **must** complete a separate form for each Fund. If you do not check any boxes, your beneficiaries listed below will be applied to all Funds.

☐ **ALL Funds** (default) ☐ **Health** ☐ **Pension**
☐ **Supplemental Retirement Fund / Retirement Savings**
☐ **$3000 Lump Sum Death Benefit** ☐ **Vacation**

### 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 | Percentage Health & SRP only |
|---|---|---|---|
| | | | |

| 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 | Percentage Health & SRP only |
|---|---|---|---|
| | | | |

| 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 | Percentage Health & SRP only |
|---|---|---|---|
| | | | |

| 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 selected Funds. 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.**

**Required if spouse is not the sole primary beneficiary of the Supplemental Retirement Fund / Retirement Savings Plan.**

**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 Supplemental Retirement Fund or the St Louis-Kansas City Carpenters Retirement Savings Plan.

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 Supplemental Retirement Fund or Retirement Savings Plan my spouse's death;

(2) my spouse's designation of another primary beneficiary for benefits from the Supplemental Retirement Fund or Retirement Savings Plan 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 MACRC Supplemental Retirement Fund or the St. Louis-Kansas City Carpenters Retirement Savings Plan.**

X _____ _____

**Signature of Spouse** **Date**

Your 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)<br><br>_____<br>Signature of Notary Public/Plan Representative | State of: _____ County of: _____<br>I, _____, certify that _____<br>Notary or Plan Representative Name Participant's Spouse<br>personally appeared before me and signed this document in my presence on<br>this _____day of _____ in the year _____.<br>My commission expires _____. |

**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