

# Beneficiary Designation • Retirement Savings Fund

**Central Illinois Carpenters • 200 S. Madigan Drive, Lincoln, IL 62656**  
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 Please print clearly using black or blue ink.

## SECTION 1: Member/Participant Information

Gender:  
 Male    Female

\_\_\_\_\_  
 First Name                      Middle Name                      Last Name

\_\_\_\_\_  
 Mailing Address: Street, City, State, Zip Code                      Cell phone #

\_\_\_\_\_  
 Social Security # (SSN)                      Email Address                      Birthdate (MM/DD/YYYY)

\_\_\_\_\_  
 City/State of Local Office                      Local Union #

**Marital Status** (check one):       Single                       Married  
 Divorced                       Widowed

## SECTION 2: Beneficiary Designation

*I am married, I understand my spouse listed below will automatically be my beneficiary to receive benefits, payable at my death under the Central Illinois Carpenters Retirement Savings Fund, if any are available. If I designate a beneficiary other than my spouse, I understand that my spouse must consent by completing Section 3 (Page 2).*

/      /

\_\_\_\_\_  
 Spouse Name (First, Middle, Last)                      Spouse Social Security #                      Spouse Birthdate  
 (MM/DD/YYYY)

*I am not married, or my spouse has consented in Section 3 to, designate the following person(s) as my primary beneficiary(ies) to receive benefits, if any, payable at my death under the Central Illinois Carpenters Retirement Savings Fund. If any beneficiary(ies) die(s) before me, then his/her percentage of this benefit will be paid to the remaining beneficiary(ies), if any, who survive me. If no primary beneficiaries survive me, I understand payment will be made to the secondary beneficiaries listed below.*

### Primary Beneficiary(ies) (Other than Spouse)

Full Name	Relationship	Mailing Address	SSN	Birthdate	%

### Secondary Beneficiary(ies)

Full Name	Relationship	Mailing Address	SSN	Birthdate	%

*If no beneficiary(ies) survive(s) me, my entire benefit will be distributed in accordance with the terms of the Plan Document.*

\_\_\_\_\_  
 Signature of Member/Participant                      Date

*Complete the back side of this form if your beneficiary designation(s) require spousal consent.*

