

# Beneficiary Designation for Single Participant/Change: Death Benefit

St. Louis-Kansas City Carpenters Regional Annuity Fund

1419 Hampton Ave., St. Louis, MO 63139



\_\_\_\_\_  
Name of Participant

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

**INSTRUCTIONS:** Use this form if you are not married, and (i) have not previously designated a beneficiary to receive any Death Benefit that may become payable from the Plan in the event of your death, or (ii) if you wish to change a beneficiary you have previously designated to receive that benefit. Secondary Beneficiaries receive a benefit only if no Primary Beneficiary is living. If more than one Beneficiary is designated in either class (Primary or Secondary), the benefit for such class will be paid to them in equal shares.

**NOTE:** The Death Benefit for a Participant who dies while married for more than one year is in all cases payable to the surviving spouse, unless such spouse waives the right to that benefit and such waiver is witnessed by a Plan representative or notary public. If you become married for at least one year after completion of this form to someone other than the Primary Beneficiary named below, the designation becomes null and void. A separate form is available for married Participants.

**PARTICIPANT'S STATEMENT:** I, \_\_\_\_\_, hereby designate the beneficiary or beneficiaries\* named below to receive any Death Benefit that may become payable from the Plan, revoking any previous beneficiary designation I may have made with respect to the Death Benefit.

_____ Beneficiary Name	_____ Relationship	<input type="checkbox"/> Primary <input type="checkbox"/> Secondary
_____ Address	_____ Social Security Number	
_____ City, State, Zip Code	_____ Date of Birth	

_____ Beneficiary Name	_____ Relationship	<input type="checkbox"/> Primary <input type="checkbox"/> Secondary
_____ Address	_____ Social Security Number	
_____ City, State, Zip Code	_____ Date of Birth	

\*Attach paper if more than two designated beneficiaries

\_\_\_\_\_  
Participant's Signature

\_\_\_\_\_  
Date