

# Beneficiary Designation/Change: Pre-Retirement Death Benefit

Carpenters' Pension Trust Fund of St. Louis



☐ Carpenters' Plan

☐ Shops' Appendix

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

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

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

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

**INSTRUCTIONS:** This form is for use only by unmarried Participants or Participants who are currently married for a period of less than one (1) year. Use this form if you have not previously designated a beneficiary to receive any Pre-Retirement Death Benefit that may become payable from the Pension Plan in the event of your death before you begin to receive a pension, or if you wish to change a beneficiary you have previously designated to receive that benefit.

**The Pre-Retirement Death Benefit for a Participant who dies while married to an Eligible Spouse is in all cases payable to the surviving spouse, and no other beneficiary designation can be made.**

**PARTICIPANT'S STATEMENT:** I, \_\_\_\_\_, certify that I am not currently married and hereby designate the beneficiary or beneficiaries named below to receive any Pre-Retirement Death Benefit that may become payable from the Pension Plan, revoking any previous beneficiary designation I may have made with respect to the Pre-Retirement 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	

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

\_\_\_\_\_  
Date