



**CARPENTER FUNDS ADMINISTRATIVE OFFICE OF
NORTHERN CALIFORNIA, INC.**
265 Hegenberger Road, Suite 100, Oakland, CA 94621
PO Box 2380 • Oakland, CA 94614
(510) 633-0333 • (888) 547-2054 • www.carpenterfunds.com

BENEFICIARY DESIGNATION FORM

Please see reverse side for important information regarding designating a beneficiary.

PARTICIPANT'S INFORMATION				
1. SOCIAL SECURITY or UBC#	2. NAME (LAST) (FIRST) (MIDDLE)	3. MARITAL STATUS <input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED	4. DATE OF BIRTH MO DAY YR	
5. ADDRESS (NUMBER) STREET - LINE 1 <input type="checkbox"/> Check if new address		6. RETIRED? YES <input type="checkbox"/> NO <input type="checkbox"/>	7. SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	
ADDRESS - LINE 2		8. PHONE () AREA CODE		
CITY	STATE	ZIP	COUNTRY	EMAIL ADDRESS
9. CURRENT OR MOST RECENT EMPLOYER		10. I AM ONLY A 401(K) PARTICIPANT AND DO NOT PARTICIPATE IN OTHER CARPENTER BENEFIT PLANS. <input type="checkbox"/> YES <input type="checkbox"/> NO		
11A. DESIGNATE THE SAME BENEFICIARY(IES) FOR ALL FUNDS – If you are married and name a Beneficiary other than your spouse for your Pension, Annuity, and/or 401(k) it may be necessary for your Spouse to complete additional paperwork to consent to that Beneficiary designation.				
NAME(S)	RELATIONSHIP	ADDRESS (Number/Street/City/State)	DATE OF BIRTH	SOCIAL SECURITY NO.
COMPLETE ITEMS 11B THROUGH 11F ONLY IF YOU WISH TO DESIGNATE A DIFFERENT BENEFICIARY FOR DIFFERENT FUNDS				
11B. Beneficiary Election for: NORTHERN CALIFORNIA CARPENTERS 401(K) PLAN				
NAME(S)	RELATIONSHIP	ADDRESS (Number/Street/City/State)	DATE OF BIRTH	SOCIAL SECURITY NO.
11C. Beneficiary Election for: CARPENTERS ANNUITY TRUST FUND FOR NORTHERN CALIFORNIA				
NAME(S)	RELATIONSHIP	ADDRESS (Number/Street/City/State)	DATE OF BIRTH	SOCIAL SECURITY NO.
11D. Beneficiary Election for: CARPENTERS PENSION TRUST FUND FOR NORTHERN CALIFORNIA				
NAME(S)	RELATIONSHIP	ADDRESS (Number/Street/City/State)	DATE OF BIRTH	SOCIAL SECURITY NO.
11E. Beneficiary Election for: CARPENTERS HEALTH & WELFARE TRUST FUND FOR CALIFORNIA				
NAME(S)	RELATIONSHIP	ADDRESS (Number/Street/City/State)	DATE OF BIRTH	SOCIAL SECURITY NO.
11F. Beneficiary Election for: CARPENTERS VACATION & HOLIDAY TRUST FUND FOR NORTHERN CALIFORNIA				
NAME(S)	RELATIONSHIP	ADDRESS (Number/Street/City/State)	DATE OF BIRTH	SOCIAL SECURITY NO.
12. IF ANY BENEFICIARY LISTED IS A MINOR, PROVIDE NAME & COMPLETE ADDRESS OF GUARDIAN				
NAME OF GUARDIAN:		ADDRESS:		
I HEREBY CERTIFY UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA, THAT THE INFORMATION GIVEN IN THIS FORM IS TRUE, CORRECT, AND COMPLETE TO THE BEST OF MY KNOWLEDGE.				
_____ (PARTICIPANT'S SIGNATURE)			_____ (DATE)	



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Dear Participant:

You should carefully complete this beneficiary designation form and fill in the required information as neatly and clearly as possible. This information is an important part of your official record with the Fund.

If you are not now and have never been married, your beneficiary may be any person or persons you name. If you are married at the time of your death, death benefits under the Annuity and Pension Plans are payable only to your surviving spouse, unless he or she has previously authorized an alternate beneficiary. If you were once married but have been divorced, you may be required to obtain the consent of your former spouse to the designation of anyone else as a beneficiary of such benefits. You may request a change of beneficiary at any time by submitting a new Enrollment Form or Beneficiary Designation Form and any necessary consents. If you fail to name a beneficiary, the probate of your estate may be necessary. The person or persons named will be considered your beneficiary under all Carpenter Plans unless you specify otherwise.

If you wish to designate the same person(s) for each of your benefits complete Item 11A.

If you participate in multiple funds and wish to designate different people for each fund, complete Items 11B-11F.

For all designations, give the person(s) full name, relationship to you, address, and Social Security Number. If the beneficiary is a minor, provide a name and address of a guardian for them.

Should you need additional space to list beneficiaries, please provide that information on a separate sheet.

Be sure you sign and date this form and return it to the Fund Office.

After you have completed the information on the reverse side, return your Beneficiary Designation Form to:

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