Beneficiary Designation • Retirement Savings Fund

Central Illinois Carpenters • 200 S. Madigan Drive, Lincoln, IL 62656 (217) 732-1919 • Toll Free (866) 732-1919 • Fax (217) 732-7799 • rsf@cichealth.org Please print clearly using black or blue ink.

SECTION 1: Member	/Participant	Information						
					Gender: ☐ Male ☐ Female			
First Name	Midd	lle Name	Last Name					
Mailing Address: Street	t, City, State, Zi _l	o Code			Cell pho	ne #		
						/	/	
Social Security # (SSN)	Ema	il Address	S		Birthdate (MM/DD/YYYY)			
			Marital Status (check one):		☐ Single	е	☐ Married	
City/State of Local Office	ce Loca	I Union #			☐ Divor	rced	☐ Wido	wed
SECTION 2: Benefici	ary Designati	on						
at my death under the	Central Illinois	Carpenters	will automatically be my Retirement Savings Fur at my spouse must cons	nd, if any a	are availa	able. If	I desigr	nate a
Spouse Name (First, M	Spouse Social Security # Spouse Birthdate							
beneficiary(ies) to rece Savings Fund. If any b	eive benefits, if eneficiary(ies) ies), if any, who	any, payablo die(s) before survive me.	n Section 3 to, designate e at my death under the me, then his/her perce If no primary beneficiarie w.	e Central II ntage of ti	llinois Ca his benet	rpente fit will l	rs Retire be paid	ement to the
Primary Beneficiary(ies)	(Other than Spo	use)			_			
Full Name	Relationship	Mailing Add	lress	SSN		Birthda	ate	%
Secondary Beneficiary(ie	es)	·		•	_			T
Full Name	Relationship	Mailing Address SSN		SSN	Birthdate		ate	%
If no beneficiary(ies) surv	l ive(s) me, my en	l tire benefit wi	II be distributed in accorda	l nce with the	e terms of	f the Pla	ın Docum	nent.
Signature of Member/F	Particinant			Date				

SECTION 3: Spousal Consent to Beneficiary Designation Other Than Spouse

I swear I am the legal spouse of the member/participant described in Section 1 of this form. I acknowledge and consent to my spouse's election of other beneficiary(ies). I understand that as a result of the beneficiary(ies) designation in Section 2 of this form, I am not entitled to any benefits from the Central Illinois Carpenters Retirement Savings Fund upon my spouse's death. I also understand that my signature is waiving my rights to benefits which I am otherwise entitled to by law. For spousal consent to be valid, this section must be notarized.

Spouse Signature Spouse's Social Security #		Spouse Name (First, Middle, Last)	Date		
To be completed by	Notary Public:				
State of:	County of:	(Notary Seal)	(Notary Seal)		
Signed and sworn b	pefore me on (date):				