



MID-ATLANTIC REGIONAL COUNCIL —OF CARPENTERS BENEFIT FUNDS—

MARCC.CARPENTERS.FUND

Fund Office: 6710 Oxon Hill Road, Suite 450
Oxon Hill, MD 20745

Phone: (301) 839-8800

BENEFICIARY DESIGNATION FORM

Use this form to designate your Beneficiary for any MARCC Fund benefit payable to a Beneficiary upon your death. You may choose a surviving spouse, other family member, friend, etc. to receive benefits payable to you upon your death. If you do not designate a Beneficiary, any benefits payable to you will be distributed according to the default rules set forth in the Plan.

This document is very important, and you should review it carefully. It supersedes any other document like a will or separation agreement (with the exception of a qualified domestic relations order, to the extent applicable). You should review your Beneficiary designation periodically. If you wish to change your Beneficiary designation you must submit a new form to the Fund Office. A change in your Beneficiary is not effective until the original form is received in the Fund Office.

SECTION 1: Participant Information

| | | | |
|---|---------------|-----------------------|--|
| Name: | | Date of Birth: | |
| Social Security Number: | UBC#: | Local Union#: | |
| Home Address: | | | |
| City: | State: | Zip: | |
| Primary Phone Number: | Email: | | |
| Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced | | | |

SECTION 2: Beneficiary Designation

Things to know:

- Primary Beneficiary/Beneficiaries. The individual(s) you list as your Primary Beneficiary are first in line to receive the benefits payable to you from the Fund.
- Contingent Beneficiary. The individual(s) you list as your Contingent Beneficiary will only receive benefits if all Primary Beneficiaries predecease you. Your Contingent Beneficiary is like an "alternate" to your Primary Beneficiary.

You must identify a Primary Beneficiary, but you are not required to identify a Contingent Beneficiary. If you have been preceded in death by one or more of your Primary Beneficiaries, benefits will be paid in equal shares to all remaining Primary Beneficiaries, if any. If there is no surviving Primary Beneficiary, benefits will be paid in equal shares to all surviving Contingent Beneficiaries, if any.

| | | | |
|---|-----------------------|---|--|
| Beneficiary Name: | | Beneficiary Type: <input type="checkbox"/> Primary <input type="checkbox"/> Contingent | |
| Social Security Number: | Date of Birth: | Relationship to Member: | |
| Benefits this Beneficiary Should Receive: <input type="checkbox"/> Health Fund <input type="checkbox"/> Pension Fund <input type="checkbox"/> Annuity Fund | | | |
| Home Address: | | Primary Phone Number: | |

Add More Beneficiaries on Reverse Side and Sign

SECTION 2 Continued: Beneficiary Designation

| | | | |
|--|----------------|--|--|
| Beneficiary Name: | | Beneficiary Type: <input type="checkbox"/> Primary <input type="checkbox"/> Contingent | |
| Social Security Number: | Date of Birth: | Relationship to Member: | |
| Benefits this Beneficiary Should Receive: <input type="checkbox"/> Health Fund <input type="checkbox"/> Pension Fund <input type="checkbox"/> Annuity Fund | | | |
| Home Address: | | Primary Phone Number: | |

| | | | |
|--|----------------|--|--|
| Beneficiary Name: | | Beneficiary Type: <input type="checkbox"/> Primary <input type="checkbox"/> Contingent | |
| Social Security Number: | Date of Birth: | Relationship to Member: | |
| Benefits this Beneficiary Should Receive: <input type="checkbox"/> Health Fund <input type="checkbox"/> Pension Fund <input type="checkbox"/> Annuity Fund | | | |
| Home Address: | | Primary Phone Number: | |

| | | | |
|--|----------------|--|--|
| Beneficiary Name: | | Beneficiary Type: <input type="checkbox"/> Primary <input type="checkbox"/> Contingent | |
| Social Security Number: | Date of Birth: | Relationship to Member: | |
| Benefits this Beneficiary Should Receive: <input type="checkbox"/> Health Fund <input type="checkbox"/> Pension Fund <input type="checkbox"/> Annuity Fund | | | |
| Home Address: | | Primary Phone Number: | |

*List any additional Beneficiaries on a separate sheet of paper and attach to this Form.

Please Read Carefully Before Signing:

- If you are married at the time of your passing, and, under the terms of the Pension Plan and Annuity Plan your Spouse is entitled to a death benefit payable from those Plans, your surviving Spouse's entitlement to those benefits will supersede the designation set forth on this form, unless, if applicable, your Spouse has provided notarized consent to change your Beneficiary to someone other than your Spouse. Health Plan benefits will be paid to the Beneficiary(ies) designated.
- If you do not indicate if a Beneficiary is Primary or Contingent, that Beneficiary will be deemed as Primary.
- If you do not indicate which Benefits your Primary and/or Contingent Beneficiaries are to receive, that Beneficiary will be deemed a Beneficiary for all Benefits.
- If you fail to designate a Beneficiary, or if no Beneficiary survives you, Benefits will be paid to the person(s) specified in the Plan Document(s).
- Benefits cannot be paid out to a minor child. If a Beneficiary is under the age of 18 at the time of your death, the payment will be issued to the child's legal parent/guardian to be put into a trust in the child's name.
- Submission of this Form, revokes all prior designations indicated on previous Beneficiary Forms.
- A Qualified Domestic Relations Order may override any and all Beneficiary designations.
- Please check your Beneficiary designation periodically, and update it to reflect any change in status. The most recent designation on file at the time of your death will rule.

Participant Signature: _____ Printed Name: _____ Date: _____

Witness Signature: _____ Printed Name: _____ Date: _____