



Ohio Carpenters' Fringe Benefit Funds

Health Fund: P.O. Box 1257, Troy, Michigan 48099

Pension and Annuity Funds: P.O. Box 31580, Independence, OH 44131

Phone: (248) 641-4967 Toll Free: (855) 837-3528

Website: www.ocbenefits.org

OHIO CARPENTERS' ANNUITY FUND

3611 Chester Ave., Cleveland, OH 44114

Phone: 216-361-6190 • 1-800-421-3959

INSTRUCTIONS FOR COMPLETING BENEFICIARY DATA CARD

1. Print in ink or type the information requested on the card.
2. Make sure the Social Security Numbers requested are correct.
3. **IF MARRIED** - THE ANNUITY PLAN provides that if you are married, your spouse is to be your designated beneficiary for payment of pre-retirement death benefits. The beneficiary section therefore must reflect the name and data on your spouse. The only exception to this requirement is if your spouse consents in a notarized written waiver rejecting this benefit and agreeing to another beneficiary being designated. A form for this purpose is available from the Fund Office.
4. **IF YOU ARE NOT MARRIED** - Complete the beneficiary section indicating whom you desire as your beneficiary.
5. **SHOULD YOU CHANGE LOCALS OR MOVE, OR IF YOUR MARITAL STATUS CHANGES, A NEW CARD SHOULD BE COMPLETED.**

Fill out and return in envelope to [Annuity Fund Office](#).

OHIO CARPENTERS' ANNUITY FUND BENEFICIARY DESIGNATION FORM

(Please Print)

Name _____

Address _____
Street City State ZIP

Social Security Number _____ Date of Birth _____

Local Number _____ Initiation Date or Clearance Date into Present Local _____

Marital Status: Married Single Divorced Separated Widowed

Name of Beneficiary _____ Relationship _____

Social Security Number _____ Date of Birth _____

Address _____

If Married, Date of Marriage _____

Date

Member's Signature