



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

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** - Federal Law requires that if you are married, your spouse must be the 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 rejection 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, move, or your marital status changes, a new card should be completed.

OHIO CARPENTERS' PENSION 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 _____

Have you had membership in a local other than the above: Yes No

If yes, Local Number _____ From _____ To _____

Local Number _____ From _____ To _____

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