

Last Name	First Name	MI	Social Security Number
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## SOUTHWEST CARPENTERS HEALTH AND WELFARE TRUST BENEFICIARY DESIGNATION

### Primary Beneficiary(ies)

List the person(s) who should receive your Life Insurance Benefit from the Health & Welfare Plan in the event of your death.

Name	Relationship	Social Security Number	Benefit %
Address		Phone Number	Date of Birth
Name	Relationship	Social Security Number	Benefit %
Address		Phone Number	Date of Birth
Name	Relationship	Social Security Number	Benefit %
Address		Phone Number	Date of Birth

### Secondary Beneficiary(ies)

Secondary Beneficiaries will be paid in the event that all Primary Beneficiary(ies) are deceased at the time of your death or the Administrative Office is unable to locate your Primary Beneficiary(ies).

Name	Relationship	Social Security Number	Benefit %
Address		Phone Number	Date of Birth
Name	Relationship	Social Security Number	Benefit %
Address		Phone Number	Date of Birth
Name	Relationship	Social Security Number	Benefit %
Address		Phone Number	Date of Birth

Subject to the terms of the Trust Agreements for the Southwest Carpenters Health and Welfare Trust, I request that any sum becoming payable to a beneficiary under said Trust upon my death be payable to the beneficiaries listed above. I hereby revoke all designations of beneficiaries previously made by me under said Trust.

Signature	Date

Last Name	First Name	MI	Social Security Number
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## SOUTHWEST CARPENTERS PENSION TRUST BENEFICIARY DESIGNATION

### Primary Beneficiary(ies)

List the person(s) who should receive your Pension Benefits from the Southwest Carpenters Pension Trust in the event of your death. Please note that Plan rules dictate that your legal spouse will automatically be considered your Beneficiary for benefits from the Southwest Carpenters Pension Trust.

Name	Relationship	Social Security Number	Benefit %
Address		Phone Number	Date of Birth
Name	Relationship	Social Security Number	Benefit %
Address		Phone Number	Date of Birth
Name	Relationship	Social Security Number	Benefit %
Address		Phone Number	Date of Birth

### Secondary Beneficiary(ies)

Secondary Beneficiaries will be paid in the event that all Primary Beneficiary(ies) are deceased at the time of your death or the Administrative Office is unable to locate your Primary Beneficiary(ies).

Name	Relationship	Social Security Number	Benefit %
Address		Phone Number	Date of Birth
Name	Relationship	Social Security Number	Benefit %
Address		Phone Number	Date of Birth
Name	Relationship	Social Security Number	Benefit %
Address		Phone Number	Date of Birth

Subject to the terms of the Trust Agreements for the Southwest Carpenters Pension Trust, I request that any sum becoming payable to a beneficiary under said Trusts upon my death be payable to the beneficiaries listed above. I hereby revoke all designations of beneficiaries previously made by me under said Trust.

**Note: Plan rules dictate that your legal spouse will automatically be considered your Beneficiary for benefits from the Southwest Carpenters Pension Fund.**

Signature	Date

Last Name	First Name	MI	Social Security Number
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## SOUTHWEST CARPENTERS ANNUITY TRUST BENEFICIARY DESIGNATION

### Primary Beneficiary(ies)

List the person(s) who should receive your Annuity Death Benefit from the Southwest Carpenters Annuity Trust in the event of your death. Please note that Plan rules dictate that your legal spouse will automatically be considered your Beneficiary for benefits from the Southwest Carpenters Annuity Trust.

Name	Relationship	Social Security Number	Benefit %
Address		Phone Number	Date of Birth
Name	Relationship	Social Security Number	Benefit %
Address		Phone Number	Date of Birth
Name	Relationship	Social Security Number	Benefit %
Address		Phone Number	Date of Birth

### Secondary Beneficiary(ies)

Secondary Beneficiaries will be paid in the event that all Primary Beneficiary(ies) are deceased at the time of your death or the Administrative Office is unable to locate your Primary Beneficiary(ies).

Name	Relationship	Social Security Number	Benefit %
Address		Phone Number	Date of Birth
Name	Relationship	Social Security Number	Benefit %
Address		Phone Number	Date of Birth

Subject to the terms of the Trust Agreements for the Southwest Carpenters Annuity Trust, I request that any sum becoming payable to a beneficiary under said Trust upon my death be payable to the beneficiaries listed above. I hereby revoke all designations of beneficiaries previously made by me under said Trust. I understand that if I am legally married, my spouse will be the beneficiary of any payable Annuity benefit unless he/she consents to the naming of a different beneficiary. The spouse's consent must be notarized (see reverse side) to be effective for Annuity benefits.

Participant Signature	Date

I \_\_\_\_\_ hereby consent to the appointment of the aforementioned beneficiaries.  
(Name of Spouse)

Spouse Signature	Date

## ACKNOWLEDGEMENT

This Notary Public section only needs to be filled out by the qualified spouse in order to satisfy the requirements of the Annuity Plan.

State of \_\_\_\_\_

County of \_\_\_\_\_

A Notary Public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

On \_\_\_\_\_ before me, \_\_\_\_\_ (insert name and title of the officer), personally appeared \_\_\_\_\_, who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of \_\_\_\_\_ that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature \_\_\_\_\_ (Seal)

Last Name	First Name	MI	Social Security Number
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## SOUTHWEST CARPENTERS VACATION TRUST BENEFICIARY DESIGNATION

### Primary Beneficiary(ies)

List the person(s) who should receive the balance of your Vacation Benefits in the event of your death.

Name	Relationship	Social Security Number	Benefit %
Address		Phone Number	Date of Birth
Name	Relationship	Social Security Number	Benefit %
Address		Phone Number	Date of Birth
Name	Relationship	Social Security Number	Benefit %
Address		Phone Number	Date of Birth

### Secondary Beneficiary(ies)

Secondary Beneficiaries will be paid in the event that all Primary Beneficiary(ies) are deceased at the time of your death or the Administrative Office is unable to locate your Primary Beneficiary(ies).

Name	Relationship	Social Security Number	Benefit %
Address		Phone Number	Date of Birth
Name	Relationship	Social Security Number	Benefit %
Address		Phone Number	Date of Birth
Name	Relationship	Social Security Number	Benefit %
Address		Phone Number	Date of Birth

Subject to the terms of the Trust Agreements for the Southwest Carpenters Vacation Trust, I request that any sum becoming payable to a beneficiary under said Trust upon my death be payable to the beneficiaries listed above. I hereby revoke all designations of beneficiaries previously made by me under said Trust.

Signature	Date