



## WESTERN STATES CARPENTERS TRUST BENEFICIARY DESIGNATION

445 SOUTH FIGUEROA STREET, SUITE 1500  
LOS ANGELES, CA 90071-3203

Return completed form to [enrollment@csacbenefits.org](mailto:enrollment@csacbenefits.org)

Participant Name (First, Middle, Last)		Participant Social Security Number		Date of Birth	
Address		City		State	
		Zip Code		Phone Number	
Email Address				Marital Status: (Choose one)	
				<i>Married</i> <i>Single</i> <i>Divorced</i>	
<p>Plan rules dictate that your legal spouse will automatically be considered your Beneficiary for benefits from the Western States Carpenters Pension Plan and that your legal spouse must consent in writing to the designation of a Beneficiary other than your spouse for the Southwest Carpenters Annuity Plan. Consult the Summary Plan Description (SPD) for more information on life insurance and/or survivor benefits for each Plan.</p>					
<p><b>Primary Beneficiary(ies)</b>  <b>List at least one Primary Beneficiary.</b> If you list more than one Primary Beneficiary and do not indicate the percentage to be allocated among them, or if the sum of the percentages does not equal 100%, benefits will be paid in equal shares.</p>					
Name (First, Middle, Last)		Relationship		Social Security Number	
				Benefit %	
Address				Phone Number	
				Date of Birth	
Name (First, Middle, Last)		Relationship		Social Security Number	
				Benefit %	
Address				Phone Number	
				Date of Birth	
Name (First, Middle, Last)		Relationship		Social Security Number	
				Benefit %	
Address				Phone Number	
				Date of Birth	
<p><b>Contingent Beneficiary(ies)</b>  A Contingent Beneficiary applies only if all your Primary Beneficiary(ies) are deceased. If you do not indicate the percentage to be allocated among them, or if the sum of the percentages does not equal 100%, benefits will be paid in equal shares.</p>					
Name (First, Middle, Last)		Relationship		Social Security Number	
				Benefit %	
Address				Phone Number	
				Date of Birth	
Name (First, Middle, Last)		Relationship		Social Security Number	
				Benefit %	
Address				Phone Number	
				Date of Birth	
<p>Subject to the terms of the Plan documents for the Western States Carpenters Health and Welfare Plan, the Western States Carpenters Vacation Sick Leave Paid Time Off Plan, the Western States Carpenters Pension Plan, and the Southwest Carpenters Annuity Plan, I request that any sum becoming payable to a Beneficiary under said Plan upon my death be payable to the Beneficiaries listed above. I hereby revoke all designations of Beneficiaries previously made by me under said Plan.</p> <p>To add additional Beneficiaries, to designate alternative Beneficiaries by Plan and/or designate a Southwest Carpenters Annuity Plan Beneficiary other than your spouse please go to <a href="http://csacbenefits.org">csacbenefits.org</a> to download a Beneficiary Designation Form by Plan. For assistance contact the Administrative Office at (213) 386-8590 or (800) 293-1370.</p>					
Signature				Date	