

USE PEN ONLY - PENCIL NOT ACCEPTABLE

EMPLOYEE BENEFICIARY DESIGNATION - Northeast Carpenters Funds • Raritan Plaza II • P.O. Box 7818 • Edison, NJ 08818-7818

NAME _____ SS# _____ UBC# _____ LU # _____

ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____

EMPLOYEE'S BIRTHDATE _____ PRESENT AGE _____ TEL. # _____ EMAIL _____

This card is for the purpose of designation(s), for death benefits payable under the Funds with which you are affiliated through this office. The PRIMARY BENEFICIARY(S), means this is the person(s) you select to receive the benefits. The CONTINGENT BENEFICIARY(S), means that the Primary(s) is/are deceased at the time of your death and the Contingent(s) will receive the benefits.

To the Trustees: I hereby designate:

| | | | | | | | |
|---------------------------|------------------|----------------------|-----------------|--------------------|-------------------|---------------------|-----------------------|
| Primary Beneficiary _____ | First Name _____ | Middle Initial _____ | Last Name _____ | Relationship _____ | Present Age _____ | Date of Birth _____ | Beneficiary SS# _____ |
| Address _____ | | | | | | | |
| Primary Beneficiary _____ | | | | | | | |
| Address _____ | | | | | | | |

PENSION FUND

Primary Beneficiary _____
 Address _____
 Primary Beneficiary _____
 Address _____
 (Use other Side for Contingent Beneficiaries)

HEALTH FUND

Primary Beneficiary _____
 Address _____
 Primary Beneficiary _____
 Address _____
 (Use other Side for Contingent Beneficiaries)

VACATION FUND

Primary Beneficiary _____
 Address _____
 Primary Beneficiary _____
 Address _____
 (Use other Side for Contingent Beneficiaries)

ANNUITY FUND

Primary Beneficiary _____
 Address _____
 Primary Beneficiary _____
 Address _____
 (Use other Side for Contingent Beneficiaries)

PLEASE BE SURE YOU HAVE SIGNED OTHER SIDE OF THIS CARD

| | First Name | Middle Initial | Last Name | Relationship | Present Age | Date of Birth | Beneficiary SS# |
|----------------------|------------------------------|----------------|-----------|--------------|-------------|---------------|-----------------|
| PENSION FUND | Contingent Beneficiary _____ | | | | | | |
| | Address _____ | | | | | | |
| | Contingent Beneficiary _____ | | | | | | |
| HEALTH FUND | Contingent Beneficiary _____ | | | | | | |
| | Address _____ | | | | | | |
| | Contingent Beneficiary _____ | | | | | | |
| VACATION FUND | Contingent Beneficiary _____ | | | | | | |
| | Address _____ | | | | | | |
| | Contingent Beneficiary _____ | | | | | | |
| ANNUITY FUND | Contingent Beneficiary _____ | | | | | | |
| | Address _____ | | | | | | |
| | Contingent Beneficiary _____ | | | | | | |

Said beneficiaries to receive upon my death such monies as provided for directly through the Pension Fund, Health Fund, Vacation Fund and Annuity Fund. The proceeds are to be divided equally among all persons who are named Primary Beneficiaries and who survive me, but if none survive, equally among all persons who are named as Contingent Beneficiary and who survive me. This designation revokes all prior designations. The latest designation shall govern. If periodic payments are begun to a Beneficiary, but the Beneficiary does not live to receive all such payments, any payments remaining unpaid shall be paid to the Beneficiary's estate.

Signature of Witness
 (Other than beneficiary named on this card)

Signature of Employee

Date Signed

THIS CARD SUPERSEDES ALL PREVIOUS DESIGNATIONS

