



**OREGON – WASHINGTON CARPENTERS – EMPLOYERS
PENSION TRUST FUND**

C/O THE WILLIAM C. EARHART COMPANY, INC.
P.O. BOX 4148, PORTLAND, OR 97208 / 3140 N.E. BROADWAY, PORTLAND, OR 97232
LOCAL: (503) 282-5581 / TOLL FREE: (800) 547-1314

**PENSION PLAN
NONSPOUSE PRERETIREMENT DEATH
BENEFICIARY DESIGNATION FORM**

This form is used to designate a beneficiary or beneficiaries to receive the 60-month death benefit or the lump-sum death benefit under the Pension Plan (the “Plan”). if you die before your retirement, are not married, and you qualify for one of those benefits, which are described in your summary plan description. (The lump-sum death benefit is not payable if the 60-month death benefit is payable.) Notwithstanding your beneficiary designation, either before, while, or after you are married, **if you are married**, your spouse is your beneficiary for all of the Plan’s preretirement spouse death benefit, if you meet the requirements for that benefit.

To name a nonspouse beneficiary or beneficiaries, complete the beneficiary designation(s) below, sign this form, and return it to the Trust Office at the above address. Your designation below supersedes any previous beneficiary designation for preretirement death benefits that you may have submitted. If you designate more than one beneficiary, the surviving beneficiaries shall share equally. If you do not have a named living beneficiary when you die, any preretirement death benefit will be paid to your estate.

If you are not currently married, but you marry after completing this form, your beneficiary designation below will continue to be valid, but only in case you later die and are not then married.

EMPLOYEE INFORMATION

NAME DATE SOCIAL SECURITY NUMBER

MARITAL STATUS (Married/Not Married) SPOUSE’S NAME AND SOCIAL SECURITY NUMBER

ADDRESS

CITY STATE ZIP CODE

60-MONTH DEATH BENEFIT PRIOR TO RETIREMENT

I designate the following individual(s) as the beneficiary of the 60-month preretirement death benefit: _____

Beneficiary Information:

BENEFICIARY'S NAME SOCIAL SECURITY NUMBER

ADDRESS

CITY STATE ZIP CODE TELEPHONE NUMBER

BENEFICIARY'S NAME SOCIAL SECURITY NUMBER

ADDRESS

CITY STATE ZIP CODE TELEPHONE NUMBER

DATE OF ABOVE BENEFICIARY DESIGNATION(S)

LUMP-SUM DEATH BENEFIT PRIOR TO RETIREMENT

I designate the following individual(s) as the beneficiary of the lump-sum preretirement death benefit: _____

Beneficiary Information:

BENEFICIARY'S NAME SOCIAL SECURITY NUMBER

ADDRESS

CITY STATE ZIP CODE TELEPHONE NUMBER

BENEFICIARY'S NAME SOCIAL SECURITY NUMBER

ADDRESS

CITY STATE ZIP CODE TELEPHONE NUMBER

DATE OF ABOVE BENEFICIARY DESIGNATION(S)

SIGNATURE

EMPLOYEE SIGNATURE

DATE