



**OREGON – WASHINGTON CARPENTERS – EMPLOYERS
VACATION 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

Beneficiary Designation Form

All parts of the beneficiary designation form must be completed.

Participant Information

Last Name	First Name	M.I.	Social Security Number	
Street Address		City	State	Zip Code
Phone Number with Area Code			Local Union Number	

BENEFICIARY DESIGNATION

Name of Beneficiary – Vacation	Social Security Number		Birth Date
Street Address		City	State
			Zip

This beneficiary designation supersedes all previous designations, but if I do not designate a beneficiary or if the beneficiary I designated has died, then the beneficiary that I named on the Health and Welfare Trust Fund Enrollment/Beneficiary Designation Form will receive my Vacation Trust benefits, if any, when I die. If no beneficiary is designated for Health and Welfare Trust Fund benefit purposes, or if the named beneficiary has died, my Vacation Trust benefits will be distributed to the person or persons entitled to them by law. Application must be made by January 31 after the calendar year in which the participant dies or the Vacation account is forfeited to the Trust.

I agree that, to the best of my knowledge and belief, all statements and answers to the questions in this beneficiary designation form are complete and true. The described benefits shall become effective in accordance with the Plan terms.

SIGNATURE OF PARTICIPANT _____ DATE SIGNED _____