

**Carpenters Retirement Plan of Western Washington  
Carpenters of Western Washington Individual  
Account Pension Plan**

**QDRO Enrollment Card – Alternate Payee**

**Instructions:** Please complete this form in its entirety and return it to the Trust Office as soon as possible.

Alternate payee's name: \_\_\_\_\_

Street address: \_\_\_\_\_

City, state, zip: \_\_\_\_\_

Social Security number: \_\_\_\_\_ Telephone number: (       ) \_\_\_\_\_

Date of birth: \_\_\_\_\_

**Carpenters Retirement Plan of Western Washington**

**Prior to retirement, no beneficiary is required as determined by ¶ 4.3 in the Qualified Domestic Relations Order (QDRO). You may name a beneficiary at the time you complete your application for retirement benefits.**

**Carpenters of Western Washington Individual Account Pension Plan**

**Prior to retirement, you must name your spouse if you are married. If you are not married but have minor dependent children, you must name your minor dependent children. If the aforementioned does not apply, you may name anyone you wish.**

Beneficiary's name: \_\_\_\_\_

Street address: \_\_\_\_\_

City, state, zip: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Social Security number: \_\_\_\_\_

Beneficiary's relationship to you: \_\_\_\_\_

Alternate Payee's Signature: \_\_\_\_\_ Date: \_\_\_\_\_