

Carpenters Health and Security Plan of Western Washington

Life Insurance Beneficiary

Please complete this form in its entirety and return it to Carpenters Trusts of Western Washington. The address is on the back of this form.

Section 1 – Your Information

Please provide your legal name as it appears on your Social Security card or on your U.S. Individual Income Tax Return.

	Last Name	First Name	MI	Date of Birth	Social Security Number
Your Legal Name					
Mailing Address				Home Telephone ()	
City, State, Zip				Mobile Number ()	
Email					

Section 2 – Life Insurance Beneficiary

Please provide the name of the person you want to be the beneficiary of your life insurance.

	Last Name	First Name	MI	Date of Birth	Social Security Number
Beneficiary's Name					
Mailing Address				Mobile Number ()	
City, State, Zip				Relationship	
Email					

Section 3 – Your Signature

Please sign this form and return it to Carpenters Trusts of Western Washington.

Your Signature	Date
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Life Insurance Beneficiary Instructions

Section 1 – Your Information. Please provide all the information requested in this section. You must use your legal name as it appears on your Social Security card or as it appears on your U.S. Individual Income Tax Return.

Section 2 – Life Insurance Beneficiary. List the person who should receive your life insurance benefit. Subject to the applicable community property laws, your life insurance beneficiary can be anyone except an employer and yourself. If your beneficiary does not survive you, or if you do not name a beneficiary, proceeds are paid to the first survivor in the following order: (1) spouse; (2) children, in equal shares; (3) parents, in equal shares; (4) brothers and sisters, in equal shares; (5) executors or administrators.

Section 3 – Your Signature. Please sign and date this application. Carpenters Trusts cannot process your application without your (the participant's) signature.

Carpenters Trusts of Western Washington

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