

Date

Dear Participant:

Enclosed, please find a NYCDCC Pension & Welfare Beneficiary form. Kindly complete the form in its entirety, sign, date, and return to the Benefit Funds Office.

As an eligible participant of both the NYCDCC Pension and Welfare Fund, you are entitled to certain benefits. These benefits can be designated to a named beneficiary (ies). Your Beneficiary may be one or more person(s), a trust, an estate, a charity, etc. In addition to naming a Beneficiary, you can also designate a contingent Beneficiary. A contingent Beneficiary receives benefits in the event the primary Beneficiary dies before you. If you do not name a beneficiary, or your beneficiary predeceases you, the death benefit will be paid in the order set forth in the plan (e.g. to your spouse, then children, then parents, then siblings, then your estate). You are automatically the Beneficiary for any life insurance coverage on your dependents.

You may change your Beneficiary at any time by submitting a new Beneficiary designation form to the Fund Office; upon receipt of the new beneficiary form any prior designations will be revoked. Beneficiary designation forms are available from the Fund Office. It is important to keep your Beneficiary designation and contact information up to date.

Please note that forms not completed in their entirety will not be accepted, nor will new forms be accepted after your date of death.

Please return your original, signed, and dated Beneficiary form to:

**NYCDCC Benefit Funds
395 Hudson Street
New York, NY 10014**

If you have any questions, please contact the NYCDCC Benefit Funds at **(212) 366-7300** or **(800) 529-3863**.

Sincerely,

NYCDCC Benefit Funds

To designate a Beneficiary for the NYCDCC Annuity Fund, please contact Prudential directly at (877) 778-2100. If you do not have a separate beneficiary form on file for the NYCDCC Annuity Fund you will be subject the Plan rules regarding beneficiary pay out. Please refer to your NYCDCC Annuity Summary Plan Description for an explanation of the rules.

**NEW YORK CITY DISTRICT COUNCIL OF CARPENTERS
WELFARE & PENSION FUNDS BENEFICIARY DESIGNATION FORM**

To designate, revoke, or change a beneficiary, please complete, sign, and date this Beneficiary Designation Form and return the original to the NYC District Council of Carpenters Welfare & Pension Funds at 395 Hudson Street New York, NY 10014

Full Name: _____ Social Security Number: _____
Date of Birth: _____ Local Union & UBC#: _____
Street Address: _____
City State Zip Code
Home Phone: _____ Cell Phone: _____
Marital Status: Single () Married () Divorced () Widowed ()
Email: _____ Initiation Date: _____

PRIMARY BENEFICIARY INFORMATION: (IF DESIGNATING MORE THAN ONE PRIMARY BENEFICIARY PLEASE USE THE BACK)

Full Name: _____ Social Security Number: _____
Relationship to you: _____ Date of Birth: _____
Street Address: _____
City State Zip Code
Home Phone: _____ Cell Phone: _____
Email: _____ % of Benefit: _____

CONTINGENT BENEFICIARY INFORMATION: (IF DESIGNATING MORE THAN ONE CONTINGENT BENEFICIARY PLEASE USE THE BACK)

Full Name: _____ Social Security Number: _____
Relationship to you: _____ Date of Birth: _____
Street Address: _____
City State Zip Code
Home Phone: _____ Cell Phone: _____
Email: _____ % of Benefit: _____

I hereby designate the above named beneficiary(ies) to receive any death benefits or unpaid benefit due upon my death from the New York City District of Carpenters Welfare & Pension Funds. I further understand that beneficiary designations may be changed by me at any time.

Please be aware that this form does not guarantee an assignment of benefits.

Full Signature: _____ **Date Signed:** _____

NYC District Council of Carpenters Welfare & Pension Funds
395 Hudson Street
New York, NY 10014

PRIMARY BENEFICIARY INFORMATION:

Full Name: _____ Social Security Number: _____
Relationship to you: _____ Date of Birth: _____
Street Address: _____
City State Zip Code
Home Phone: _____ Cell Phone: _____
Email: _____ % of Benefit: _____

PRIMARY BENEFICIARY INFORMATION:

Full Name: _____ Social Security Number: _____
Relationship to you: _____ Date of Birth: _____
Street Address: _____
City State Zip Code
Home Phone: _____ Cell Phone: _____
Email: _____ % of Benefit: _____

CONTINGENT BENEFICIARY INFORMATION:

Full Name: _____ Social Security Number: _____
Relationship to you: _____ Date of Birth: _____
Street Address: _____
City State Zip Code
Home Phone: _____ Cell Phone: _____
Email: _____ % of Benefit: _____

CONTINGENT BENEFICIARY INFORMATION:

Full Name: _____ Social Security Number: _____
Relationship to you: _____ Date of Birth: _____
Street Address: _____
City State Zip Code
Home Phone: _____ Cell Phone: _____
Email: _____ % of Benefit: _____

*****Please ensure that the designated percentage of benefits equals to a 100%*****