

**MICHIGAN CARPENTERS' PENSION DATA FORM**  
**(DO NOT FILL OUT IF YOU ARE MARRIED OR YOU ARE A  
BENEFICIARY ALREADY RECEIVING BENEFITS)**

Participant Name (Please Print): \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Marital Status:    Married                  Single                  Divorced                  Widowed

**BENEFICIARY DESIGNATION FOR UNMARRIED PARTICIPANTS ONLY**

I understand that this beneficiary designation cancels any previous designation I may have made. Further, I understand that this designation shall automatically be cancelled if I am or become legally married for one year and my spouse will automatically become my beneficiary.

I hereby state that I am **NOT** married and I hereby designate as my beneficiary/beneficiaries to receive any benefits that may be payable under the Pension Plan in the event of my death the following person(s):

**PENSION FUND DEATH BENEFIT BENEFICIARY:**

Beneficiary's Name (Please Print): \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Relationship: \_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Participant's Signature

**PLEASE RETURN THIS FORM TO:**

**MICHIGAN CARPENTERS' PENSION FUND**  
**6525 Centurion Drive**  
**Lansing, MI 48917**

\*\*If you have any questions, please contact the Fund Office at (517) 321-7502 or (800) 273-5739. Office hours are 7:30 A.M. – 5:30 P.M.\*\*

