

ENROLLMENT FORM

SECTION 1 - Must Be Completed in Full (Members Information Only In Section 1)

CARPENTERS PENSION & RETIREMENT
SAVINGS FUNDS OF ILLINOIS
P. O. BOX 791
GENEVA, IL 60134-0791

MAIL
TO →

PLEASE PRINT

LAST NAME		FIRST NAME IN FULL			MIDDLE NAME IN FULL			
DATE OF BIRTH Month Day Year		SEX Male <input type="checkbox"/> Female <input type="checkbox"/>		SOCIAL SECURITY NUMBER <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"><input type="text"/></input>				
HOME ADDRESS		CITY		STATE		TELEPHONE NUMBER area ()		
ZIP + 4		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>						
Trade	Current Local Union No.	Union Located in - City, State			Continuous Member Since (Date)			
	Originating Local Union No.	Union Located in - City, State			Date of Initiation Month/Year			

PARTICIPANT SIGNATURE _____ DATE _____

SECTION 2 —

CHECK ONE →	SINGLE <input type="checkbox"/>	MARRIED <input type="checkbox"/> REMARIED <input type="checkbox"/>	WIDOW <input type="checkbox"/> WIDOWER <input type="checkbox"/>	SEPARATED <input type="checkbox"/>	DIVORCED <input type="checkbox"/>
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SECTION 3 - Must Be Completed for Pension Coverage

PENSION PLAN BENEFICIARY DESIGNATION

I hereby designate the following-named beneficiary(ies) as provided in the Pension Plan:
(If you list more than 1 person, benefits will be shared equally.)

NAME _____ SOCIAL SECURITY NO. _____ RELATIONSHIP _____

ADDRESS _____

PARTICIPANT SIGNATURE _____ DATE _____

If you are married and wish to designate any beneficiary(ies) other than your spouse, or your spouse shares in the pension benefits, your spouse must consent in writing to such designation and the consent must be witnessed by a Notary Public.

I acknowledge and consent to the above beneficiary(ies) as designated. I also understand that as a result of the above beneficiary(ies) designation, I am not entitled to any benefits, upon my spouse's death, under the Plan. I understand that by my signature I am waiving my right to benefits to which I am otherwise entitled by law.

Spouse's Name _____

Spouse's Signature _____

Notary Public _____ Date _____

My Commission Expires _____ Date _____

Notary Seal _____