



PARTICIPANT BASIC DATA AND DESIGNATION OF BENEFICIARY

Please complete this form, sign, and mail it by US Mail to the Central Pension Fund at the address below.

New Basic Data Change - Complete in Full and Circle Changes

Participant Name:			Social Security Number:		
Address:			Date of Birth:		
City:	State:	Zip:	<input type="checkbox"/> Male		Female
Email:			Daytime Phone:		
Current Employer:			Hire Date:		
Job Classification:			Initiation Date (optional):		
Current Local:			Register Number (optional):		
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced			Spouse's Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female		
Spouse's Name:			Date of Marriage:		
Spouse's Date of Birth:			Spouse's Social Security Number:		

NOTE: If you have been married for at least 12 months and want your spouse to be your beneficiary, you do not have to complete the next section. The Plan of Benefits provides that your spouse will be considered. **However, you must sign and date below.**

If you wish to designate more than one beneficiary (for example, two children, who will share equally), please check Yes below and add the additional name(s), relationship, address, date of birth and SSN on an attached sheet. Anyone wishing to designate an institution or entity, i.e., Trust or Estate, as a beneficiary must supply the Fund office with documentation that adequately identifies such entity and an authorized representative of that entity, e.g., Trustee or Executor.

Multiple Beneficiaries: No Yes (If yes, attach additional sheet if necessary)

Name of Beneficiary:		Relationship:	
Address:		Date of Birth:	
City:	State:	Zip:	Social Security Number:

I hereby certify this information to be accurate and complete and I hereby revoke all previous designation of beneficiaries and designate the above as my beneficiary with respect to any and all proceeds which may be due at my death. I further certify to the Board of Trustees that I am of sound mind and competent to execute this form.

Signature _____ Date: _____

Mail to : Central Pension Fund
 4115 Chesapeake St NW
 Washington, DC 20016