



DESIGNATION OF BENEFICIARY

Please complete this form in its entirety, sign, and mail it to the address below.

Note: If you have been married for at least twelve months and want your spouse to be your beneficiary you do not need to complete this form. The Plan of Benefits provides that your spouse will be considered your beneficiary.

Participant's Name:		Participant's SSN:	Participant's CPF ID:
Street Address:			Date of Birth:
City:	State:	Zip:	Phone Number:

Marital Status Single Married Widowed Divorced (You must include a copy of your entire divorce decree).

Local Union Number _____

If you wish to designate more than one beneficiary (for example, two children, who will share equally), please check the item marked "multiple beneficiaries" below and then add the additional names (including 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	
Street Address:			Date of Birth
City:	State:	Zip:	Social Security No.:

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
 1125 17th St NW, Suite 500
 Washington, DC 20036-4724