

# CARPENTERS DISTRICT COUNCIL OF KANSAS CITY PENSION FUND

3100 Broadway, Suite 805, Kansas City, MO 64111 (816) 756-3313 • Toll Free 866-756-3313

## BENEFICIARY CARD

PLEASE PRINT ALL INFORMATION

\_\_\_\_\_  
Last Name First Name in Full Middle Name in Full

\_\_\_\_\_  
Home Address City and State Zip Code

\_\_\_\_\_  
Social Security No. Date Employee Joined Union Local Union No. Home Telephone No.

\_\_\_\_\_  
Date of Birth (MM/DD/YYYY)  Married  Divorced  Single  Widowed  Male  Female  
Marital Status Sex

\_\_\_\_\_  
Name of Present Employer

.....  
Death Benefits to be Paid to

\_\_\_\_\_  
Full Name Relationship

\_\_\_\_\_  
SS# of Beneficiary Residence of Beneficiary - Street City or Town State

### CONTINGENT BENEFICIARIES

			<u>Date of Birth</u>
_____ Name	_____ Social Security No.	_____ Address	_____ (MM/DD/YYYY)
_____ Name	_____ Social Security No.	_____ Address	_____ (MM/DD/YYYY)
_____ Name	_____ Social Security No.	_____ Address	_____ (MM/DD/YYYY)
_____ Name	_____ Social Security No.	_____ Address	_____ (MM/DD/YYYY)
_____ Name	_____ Social Security No.	_____ Address	_____ (MM/DD/YYYY)
_____ Name	_____ Social Security No.	_____ Address	_____ (MM/DD/YYYY)
_____ Name	_____ Social Security No.	_____ Address	_____ (MM/DD/YYYY)

Date Card is Signed

\_\_\_\_\_  
MONTH DAY YEAR

\_\_\_\_\_  
SIGNATURE — USE FULL NAME