

**WASHINGTON-IDAHO-MONTANA CARPENTERS – EMPLOYERS
RETIREMENT TRUST FUND**

111 W. Cataldo Avenue Suite 220 Spokane, WA 99201

Phone: (509) 3280300 or 1-877-578-0005

Employee's Name (Please Print) Social Security Number ____/____/____ Medicare/Medicaid ID# _____ Male Female

Last First Middle Initial Date of Birth ____/____/____
Month Day Year

Single Married Date Married _____ Separated Divorced Widow(er)

Mailing Address _____
Number Street Apartment #

City _____ State _____ Zip Code _____

Home Phone No (____) _____ - _____ Email Address _____ Local Union No. _____

**WASHINGTON-IDAHO-MONTANA CARPENTERS - EMPLOYERS
RETIREMENT TRUST FUND
BENEFICIARY DESIGNATION FORM**

This is to certify that I hereby revoke all former beneficiary designations, if any, and name the following as beneficiary for any benefit payable under the WASHINGTON-IDAHO-MONTANA CARPENTERS – EMPLOYERS RETIREMENT TRUST FUND. You may designate anyone as beneficiary. However, if you are married and the beneficiary you choose is not your spouse, your spouse must consent to the designation by signing below.

Primary Beneficiary: _____
Last Name First Middle Initial

Address: _____
City Apartment # State Zip Code

Date of Birth: _____ Social Security Number: _____ Relationship: _____

Contingent Beneficiary: _____
Last Name First Initial

Address: _____
City Apartment # State Zip Code

Date of Birth: _____ Social Security Number: _____ Relationship: _____

Participant's Signature: _____ Date: _____

Spouse's Signature (if married signature is required): _____