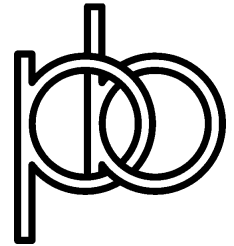


The Pension Boards
United Church of Christ

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Beneficiary Designation

PLEASE CHECK ALL OF YOUR ACCOUNTS FOR WHICH THE DESIGNATIONS WILL APPLY

- Annuity Plan for the United Church of Christ**
 Retirement Savings Account (RSA) (for member's receiving a monthly annuity benefit)

PERSONAL INFORMATION

Social Security number	Name (last, first, middle initial)	<input type="checkbox"/> Mr. <input type="checkbox"/> Ms.	Date of birth (month/day/year) / /
Address (number and street)		City/State/ZIP	
Telephone number (with area code) () -		E-mail address @	

BENEFICIARY DESIGNATION

**If you have a Rollover Contribution Account (RCA) beneficiary updates will apply to both the RCA and the Annuity Plan UCC.

Primary Beneficiary(ies): I hereby designate the following as Primary Beneficiary(ies). If more than one is designated, each surviving Primary Beneficiary shall share in the proportion indicated. Total proportion of designations must total 100%.
If you designate a minor as beneficiary, generally a probate court would have to appoint a guardian to receive and administer the death benefits to the minor. Do not write the name of a guardian on this form. You may want to consider the option of providing for a minor by naming a trust established in your will (a "testamentary trust") for the benefit of that minor as your beneficiary.

Name (last, first, middle initial)	Address (number and street) and City/State/ZIP	Date of birth (month/day/year) / /
Social Security number	Percentage share _____ %	Relationship
Name (last, first, middle initial)	Address (number and street) and City/State/ZIP	Date of birth (month/day/year) / /
Social Security number	Percentage share _____ %	Relationship

Additional Primary Beneficiary(ies)

Check box if applicable and list information on a separate sheet of paper and attach to this form.

Secondary Beneficiary(ies): I hereby designate the following as Secondary Beneficiary(ies). Secondary Beneficiary(ies) are only entitled to benefits if all primary beneficiary(ies) are deceased when benefits are payable. If more than one is designated, each surviving Secondary Beneficiary shall share in the proportion indicated. Total proportion of designations must total 100%.

Name (last, first, middle initial)	Address (number and street) and City/State/ZIP	Date of birth (month/day/year) / /
Social Security number	Percentage share _____ %	Relationship
Name (last, first, middle initial)	Address (number and street) and City/State/ZIP	Date of birth (month/day/year) / /

Social Security number	Percentage share _____ %	Relationship
Additional Secondary Beneficiary(ies) <input type="checkbox"/> Check box if applicable and list information on a separate sheet of paper and attach to the form.		
CONSENT OF MEMBER'S SPOUSE		
Note: Spousal consent is required if the applicant is married and has not designated her or his spouse as the sole beneficiary.		
<input type="checkbox"/> I hereby consent to the above-named beneficiary(ies), as designated by my spouse.		
Spouse's signature	Date	
Signature and stamp of Notary Public	Date	
SIGNATURE		
Signature of person entitled to designate a beneficiary	Date	
Signature of witness (not a beneficiary)	Date	