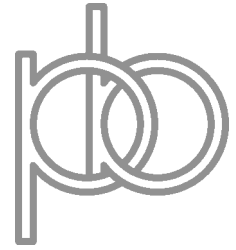


Pension Boards  
United Church of Christ

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**Pre-Retirement Death Benefits  
For Spouse Under Age 50**

<p><b>DECEASED MEMBER INFORMATION</b> (Please enclose a copy of the death certificate.)</p>			
Social Security Number	Name (last, first, middle initial)	Marital status <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced	
Address (number and street)		City/State/ZIP	
<p><b>CLAIMANT INFORMATION</b></p>			
Social Security Number	Name (last, first, middle initial)		
Address (number and street)		City/State/ZIP	
Telephone number (with area code) (    )    -	E-mail address @	Date of birth (month/day/year) (Please enclose copy of proof of age) /                                 /	
<p><b>ANNUITY START DATE</b></p>			
<p><i>If you wish to defer commencement, DO NOT complete this section.</i></p> <p>The first day of _____, 20_____.</p>			
<p><b>PARTIAL WITHDRAWAL INSTRUCTIONS</b></p>			
<p><b>You have the option to withdraw part of the accumulated balances rather than having all of them converted to an annuity. If you do not want to withdraw any of the accumulated balances, please skip this section. Please note that a partial withdrawal reduces your monthly benefit in proportion to the amount withdrawn. Please select only ONE of the following:</b></p>			
<input type="checkbox"/> I elect a withdrawal of the total <b>personal</b> contributions only, including earnings.			
<input type="checkbox"/> I elect a partial withdrawal in the indicated dollar amount or percentage (not to exceed 20%) of the total accumulation in the retirement account.		\$ _____ or _____ %	
<input type="checkbox"/> I elect a withdrawal of the total <b>personal</b> contributions, including earnings, <b>AND</b> a partial withdrawal in the indicated dollar amount or percentage (not to exceed 20%) of the total <b>employer</b> contributions, including earnings, in the retirement account.		\$ _____ or _____ %	
<p><b>DISTRIBUTION INSTRUCTIONS FOR PARTIAL WITHDRAWAL</b></p>			
<p><b>If you elected a partial withdrawal above, you must select one or more of the choices below. Skip this section if you DID NOT elect a partial withdrawal:</b></p>			
<input type="checkbox"/> I wish to have the indicated dollar amount or percentage of my partial withdrawal transferred to the Annuity Fund Retirement Savings Account (RSA). (Please complete the enclosed RSA forms.)		\$ _____ or _____ %	
<input type="checkbox"/> I wish to have the indicated dollar amount or percentage of my partial withdrawal paid directly to me. I understand that taxes will be withheld at the rate of 20%.		\$ _____ or _____ %	
<input type="checkbox"/> I wish to have the indicated dollar amount or percentage of my partial withdrawal rolled over to the IRA, 403(b) tax-sheltered annuity or 401(k) plan indicated below: <p>Name of IRA or other qualified plan: _____</p> Address (number and street): _____		\$ _____ or _____ %	
City/State/ZIP: _____			
<p><b>Note: You must obtain an official transfer form from the organization identified above that will accept the rollover. Please send the form(s) to the Pension Boards, or request that the institution forward it to the Pension Boards on your behalf.</b></p>			

**PAYMENT BASIS**

*Please check only ONE of the following:*

**Deferred Annuity** – the accumulated amounts will continue to accrue investment earnings and will be used for an annuity beginning at a future date. I understand that I must begin benefit payments no later than the December 1 of the calendar year following the year my deceased spouse would have attained age 70 ½.

**Equal Monthly Payments** – extending over (select ONE):  3 years  5 years  8 years  
*This option is available ONLY if you begin benefit payments before age 50.*

**Single Life Annuity** – I understand that this annuity option provides payments to me only during my lifetime and that no payments will be paid to any beneficiary upon my death.

**Single Life Annuity with 10-Year Certain Option** – I understand that this option provides payments to me during my lifetime. If I die before 120 monthly payments have been made, the beneficiary(ies) named below will receive 100% of the monthly benefit for the remainder of the 120 payments and no benefits will be paid on or after the 10<sup>th</sup> anniversary of my annuity start date. If I die after having received 120 monthly payments, no benefits will be payable upon my death.

**ANNUITY ELECTION**

*Complete this section ONLY if you selected the Single Life Annuity or Single Life Annuity with 10-Year Certain Option. Check only ONE of the following:*

**Basic Annuity** – The Basic Annuity is invested to produce a stable long-term return through income-producing investments comprised largely of high-quality bonds. The Basic Annuity is expected to produce average returns close to the assumed 4% annual investment return. For this reason, it is not expected that the benefit will be adjusted to increase or decrease as years go by. However, there is always a possibility that the benefit could change.

**Participating Annuity** – The Participating Annuity is invested in a portfolio comprised of stocks and bonds, with an allocation target of 60% stocks. The total return of this portfolio is impacted by capital appreciation in addition to investment income. As a result, the performance of this portfolio may produce average returns that are higher than the assumed 4% annual investment return and allow for benefit increases. However, there is the risk that performance in certain years may be lower than the assumed return and adjustments resulting in benefit declines may occur.

*Each annuity described above will be reviewed annually and adjustments to the benefit amount, if any, will be effective on January 1.*

**BENEFICIARY DESIGNATION**

*I understand that the following beneficiary(ies) will receive benefits if I die before the date my benefits start. I understand that I can change this (these) beneficiary(ies) at any time. If I elected the Single Life Annuity with 10-Year Certain Option and 120 monthly payments have not been made, the beneficiary(ies) will receive the remainder of the 120 payments. A beneficiary may be a person, institution, trust or estate to which your annuity payments are payable. A trust, estate or institution will receive the actuarial equivalent of the remainder of 120 payments in one lump sum.*

Name	Address	Social Security or Tax ID #	Share %	Date of Birth or Date of Trust	Relationship
			%	/ /	
			%	/ /	
			%	/ /	

**SIGNATURE**

*I do hereby affirm that I have carefully read and understood the items on this form and every entry is full, true and complete and they, together with all documents attached hereto, are submitted to the Pension Boards as proof of death and justness of claim.*

Claimant signature	Date
Witness signature	Date