Pension Boards United Church of Christ

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Pre-Retirement Death Benefits for Spouse Age 50 and Over

			SER INFORMATION	l	e rige oo un			
Social Security Number		Please enclose a copy t, first, middle initial)	of the death certifica	Marital status Married Single Divorced				
Address (number and street)			City/State/ZIP					
		CLAIMANT II	 NFORMATION					
			rst, middle initial)					
Address (number and street)		City/State/ZIP						
Telephone number (with area	a code)	E-mail address		Date of birth (month/day/year)				
/ · · · · · · · · · · · · · · · · · · ·			(Please enclose copy of proof of age)					
() .		@						
If you wish to defer commer	4 DO		START DATE					
do not want to withdraw any reduces your monthly benefit I elect a withdrawal of the I elect a partial withdrawa exceed 20%) of the total accumulated in the partial withdrawal in the indictotal employer contributions,	of the accuming proportion total personal in the indicumulation in total personal atted dollar amincluding earn	to the amount withdral contributions only ated dollar amount other retirement account contributions, including ount or percentage (notings, in the retirement)	se skip this section. Perawn. Please select of including earnings. For percentage (not to not.) and earnings, AND a pot to exceed 20%) of the account.	g au of them condlease note that a nly ONE of the fo	partial withdrav			
		ON INSTRUCTION			action if you DII	NOT		
If you elected a partial withdrawal above, you must select one or elect a partial withdrawal: I wish to have the indicated dollar amount or percentage of withdrawal transferred to the Annuity Fund Retirement Saving (Please complete the enclosed RSA forms.)			my partial	\$\$	or	%		
☐ I wish to have the indicated dollar amount or percentage of m paid directly to me. I understand that taxes will be withheld at th			y partial withdrawal e rate of 20%.	\$	or	%		
☐ I wish to have the indicate rolled over to the IRA, 403(b) Name of IRA or other qualif	nn indicated below:		or	%				
Address (number and street)	:							
City/State/ZIP:	isial tuansfort	forms from the angent	ation identified ale	that will accept	the nellector DI.	400 00t I		
the form(s) to the Pension Bo						use settu		

PAYMENT BASIS												
Please check only ONE of the following:												
Deferred Annuity – I understand that 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.												
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 th 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,												
	receive the actuarial equi											
Name	Address	Social Sec		Share %	Date of		Relationship					
		Tax I	D #		Date o	f Trust	-					
				%	/	/						
				0/	,	,						
				%	/	/						
				%	/	/						
		SIGNA	ATURF	70								
I do hereby affirm that	I have carefully read ar			ms on this for	m and eve	rv 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	ucu	tit ana just	Date	uiii.								
Ciamiani signature			Date									
3377.			D									
Witness signature			Date									