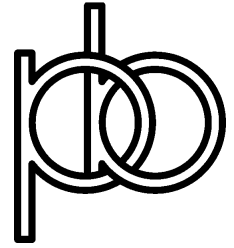


The Pension Boards  
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**Designation of Beneficiary - 120 Payments**

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 @	
ANNUITY APPLICATION BENEFICIARY(IES)			
<p><b>Primary Beneficiary(ies):</b> I hereby designate the following as Primary Beneficiary(ies). If more than one is designated, each surviving Primary Beneficiary shall receive the percentage share indicated. Total proportion of designations must total 100%.</p> <p><b>If you designate a minor as beneficiary,</b> 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.</p>			
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	
<b>Additional Primary Beneficiary(ies)</b>			
<input type="checkbox"/> Check box if applicable and list information on a separate sheet of paper and attach to this form.			
<p><b>Secondary Beneficiary(ies):</b> 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%.</p>			
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)**

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.

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