



This is: ☐ an initial designation ☐ a change to an existing designation

The beneficiary designations made on this 457(b) Plan Beneficiary Designation Form apply to your account under the 457(b) Plan sponsored and maintained by your employer and administered by Pension Fund of the Christian Church (Disciples of Christ) ("Pension Fund").

- PLEASE TYPE OR PRINT CLEARLY -

I. PARTICIPANT INFORMATION

Participant Name _____ Account No. _____
(first) (middle) (last/family name)

☐ Check here if there has been a change to your contact information on file.

Home Address _____

City _____ State _____ Country _____ Zip Code _____ - _____

Daytime Phone Number (_____) _____ E-Mail Address _____

II. DESIGNATION OF BENEFICIARIES

Designate the person, trust or entity you choose to receive any benefits payable in the event of your death. If you designate a trust as a beneficiary, include the trust's name and address, the date the trust was created, and the trustee's name. You are not limited to three primary and three contingent beneficiaries. To designate additional beneficiaries, please attach and sign a separate piece of paper stating the additional names and identifying information.

Unless otherwise indicated, death benefits will be paid in equal shares to your primary beneficiaries who are living at the time of your death. If no primary beneficiary is living at your death, unless otherwise indicated, death benefits will be paid in equal shares to your contingent beneficiaries who are living at the time of your death. If you name multiple primary or contingent beneficiaries, and one of them predeceases you, the percentage of that beneficiary's designated share shall be divided equally amongst the surviving primary or contingent beneficiaries, as applicable.

IMPORTANT: If you do not elect a beneficiary or if your beneficiaries named on this Form fail to survive you, your benefits will be paid to your surviving spouse, or if you do not have a spouse at your death, benefits will be paid to your estate. Failure to include a social security number and current contact information for each designated beneficiary, if applicable, may delay distributions at your death.

Primary Beneficiaries <i>The total percentage to all primary beneficiaries must equal 100%.</i>	Percentage of Benefit
Individual or Trust Name _____ (first, middle, last/family name) Mailing Address _____ (street, city, state, zip code) Primary Phone (_____) _____ Relationship to Participant/Trustee Name _____ Social Security No./ITIN _____ - _____ - _____ Birth or Trust Date ____/____/____	_____%
Individual or Trust Name _____ (first, middle, last/family name) Mailing Address _____ (street, city, state, zip code) Primary Phone (_____) _____ Relationship to Participant/Trustee Name _____ Social Security No./ITIN _____ - _____ - _____ Birth or Trust Date ____/____/____	_____%
Individual or Trust Name _____ (first, middle, last/family name) Mailing Address _____ (street, city, state, zip code) Primary Phone (_____) _____ Relationship to Participant/Trustee Name _____ Social Security No./ITIN _____ - _____ - _____ Birth or Trust Date ____/____/____	_____%

Contingent Beneficiaries If all of your primary beneficiary(ies) die before you, any benefits payable in the event of your death will be paid to your contingent beneficiary(ies). <i>The total percentage to all contingent beneficiaries must equal 100%.</i>	Percentage of Benefit
Individual or Trust Name _____ <small>(first, middle, last/family name)</small> Mailing Address _____ <small>(street, city, state, zip code)</small> Primary Phone (_____) _____ Relationship to Participant/Trustee Name _____ Social Security No./ITIN _____ - _____ - _____ Birth or Trust Date ____/____/____	_____%
Individual or Trust Name _____ <small>(first, middle, last/family name)</small> Mailing Address _____ <small>(street, city, state, zip code)</small> Primary Phone (_____) _____ Relationship to Participant/Trustee Name _____ Social Security No./ITIN _____ - _____ - _____ Birth or Trust Date ____/____/____	_____%
Individual or Trust Name _____ <small>(first, middle, last/family name)</small> Mailing Address _____ <small>(street, city, state, zip code)</small> Primary Phone (_____) _____ Relationship to Participant/Trustee Name _____ Social Security No./ITIN _____ - _____ - _____ Birth or Trust Date ____/____/____	_____%

III. SPOUSAL CONSENT

If you reside or have resided in a community or marital property state (which may include, but are not necessarily limited to, AZ, CA, ID, LA, NV, NM, PR, TX, WA, and WI) and you are married, your spouse may need to complete this Section III in order for you to name any one other than, or in addition to, your spouse as a beneficiary with respect to the 457(b) Plan. If you are not currently married and you become married in the future, you must complete a new Beneficiary Designation Form. It is your responsibility to determine if this Section III applies and to determine if the spousal consent language below is sufficient to satisfy applicable state statutes. Your state may require this Form to be signed in the presence of a Notary Public. **IMPORTANT: If you reside in a community or marital property state and you do not secure spousal consent in accordance with your state's statutes, any beneficiary you designate in Section II other than your spouse may not be valid.**

SPOUSAL CONSENT. I am the spouse of the participant identified in Section I. Due to the important tax consequences of giving up my interest in the 457(b) Plan covered by this consent, I acknowledge Pension Fund advises me to consult a tax or legal professional. I hereby voluntarily and irrevocably give the participant identified in Section I any community property or marital interest I have in the 457(b) Plan covered by this consent, and consent to the beneficiary designation(s) made by the participant for the 457(b) Plan. I assume full responsibility for this consent.

Spouse Signature _____ Date ____/____/____

Printed Name _____

Please have completed if your spouse's signature must be acknowledged by a Notary Public:

STATE OF _____)

COUNTY OF _____)

On this _____ day of _____, personally appeared before me the above named _____, personally known to me, who, being duly sworn, deposes and says that he or she voluntarily executed the foregoing consent.

Notary Public Signature _____ (SEAL)

My commission expires ____/____/____

IV. PARTICIPANT CERTIFICATION AND SIGNATURE

By signing this Form, I make the following certifications:

- I designate the person(s) or entity(ies) named in Section II of this Form as beneficiaries for my Plan account. I understand that this Form shall not be effective until I have signed it and it has been received by Pension Fund.
- I understand that this beneficiary designation will remain in effect until I complete, sign, and submit an updated *457(b) Plan Beneficiary Designation Form* to Pension Fund, which I may do at any time.
- I certify that I have secured spousal consent if I have named a beneficiary other than, or in addition to, my spouse to the extent that I reside in a community or marital property state and am required to secure such consent by state law with respect to all or a portion of my Plan account. I further agree that if I am not currently married, but become married, I will secure spousal consent if the preceding sentence applies. I understand that to secure spousal consent, I may use the *457(b) Plan Spousal Consent for Community and Marital Property States* form located at www.pensionfund.org. I assume complete responsibility for all consequences if I fail to obtain any required consent.
- I understand that the personal information provided on this Form will be used by Pension Fund to provide participant services to me under the Plan.

Signature _____ Date ____/____/____

IMPORTANT: PLEASE RETAIN A COPY OF THIS BENEFICIARY DESIGNATION FORM FOR YOUR RECORDS.

Pension Fund of the Christian Church

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