



457(b) PLAN BENEFICIARY VERIFICATION FORM

Complete this 457(b) Plan Beneficiary Verification Form to authenticate your identity if you have been designated a beneficiary by a participant with respect to benefits under the 457(b) Plan sponsored and maintained by the participant's employer and administered by the Pension Fund of the Christian Church (Disciples of Christ). Each beneficiary is required to complete a separate Form. Benefits cannot be processed or distributed until this Form is completed and returned. Pension Fund reserves the right to request additional information if needed to ensure benefits are paid in accordance with the terms of the governing documents and applicable law.

- PLEASE TYPE OR PRINT CLEARLY -

I. DECEASED PARTICIPANT INFORMATION

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

Home Address _____

City _____ State _____ Country _____ Zip Code _____ - _____

II. BENEFICIARY INFORMATION

Individual or Trust Name _____
(first) (middle) (last/family name)

Mailing Address _____

City _____ State _____ Country _____ Zip Code _____ - _____

Primary Phone Number (_____) _____ Relationship to Deceased _____

Social Security No./ITIN _____ - _____ - _____ Trust EIN No. _____ - _____ Birth/Trust Date ____/____/____

If the beneficiary is a minor, provide the following information for the minor's parent or legal guardian:

Name _____ Social Security No./ITIN _____ - _____ - _____
(first, middle, last/family name)

Mailing Address _____

City _____ State _____ Country _____ Zip Code _____ - _____

Primary Phone Number (_____) _____ Relationship to Minor Child _____

If you are aware of any other beneficiaries, provide the following information:

Beneficiary Name _____ Social Security No./ITIN _____ - _____ - _____
(first, middle, last/family name)

Mailing Address _____

City _____ State _____ Country _____ Zip Code _____ - _____

Primary Phone Number (_____) _____ Relationship to Participant _____

Beneficiary Name _____ Social Security No./ITIN _____ - _____ - _____
(first, middle, last/family name)

Mailing Address _____

City _____ State _____ Country _____ Zip Code _____ - _____

Primary Phone Number (_____) _____ Relationship to Participant _____

Beneficiary Name _____ Social Security No./ITIN _____ - _____ - _____
(first, middle, last/family name)

Mailing Address _____

City _____ State _____ Country _____ Zip Code _____ - _____

Primary Phone Number (_____) _____ Relationship to Participant _____

III. BENEFICIARY/AUTHORIZED REPRESENTATIVE SIGNATURE

By signing below, I certify that I am the beneficiary identified above and that all information provided on this Form is true and accurate. If I am signing below as a trustee, I declare that the named trust is in full force and effect, that I am a current trustee of the named trust, and that I am acting within the scope of my authority under the named trust. If there are multiple trustees, I understand that all trustees must sign this Form unless I am authorized under the trust to act alone. I understand that death benefits will not be paid to me unless I provide a social security number or, if a trust or estate, a tax identification number.

Signature _____ Date ____/____/____

Indicate the capacity in which you are signing this Form:

- ☐ Individual/self ☐ Sole Trustee ☐ Co-Trustee ☐ Executor/Executrix ☐ Personal Representative
☐ Custodian ☐ Administrator ☐ Other _____

Signature _____ Date ____/____/____

Indicate the capacity in which you are signing this Form:

- ☐ Co-Trustee ☐ Other _____

IMPORTANT – You must submit the following documents with this Form:

- A copy of the death certificate for the deceased participant.
- A copy of an official identification document which bears your signature, such as a passport, driver's license, or state issued identification card.
- A copy of the death certificate for any designated beneficiary that predeceased the participant.
- If a beneficiary's name has changed because of marriage or divorce, a copy of the marriage certificate or divorce decree, or if it has changed due to personal preference, a court document indicating the name change from the birth name to the requested name.
- The following documents must be submitted depending on the capacity in which you are executing this Form:
 - If you are a trustee, a copy of the fully executed trust document that clearly identifies all of the beneficiaries and trustees.
 - If you are an executor, personal representative, or administrator, a copy of the letters of testamentary or letters of administration.
 - If you are a surviving spouse, a copy of your marriage license or other document evidencing marriage or a similar union, and, if the participant was previously married, a copy of the divorce decree for all previous marriages. *This documentation is not required if the participant affirmatively designated you as a beneficiary under the Plan. It is required only if you are a default beneficiary under the terms of the Plan.*
 - If you are the guardian of a minor beneficiary, a copy of the letters of guardianship or other court document appointing you the custodian of the minor child's property.
 - If you are acting on behalf of a beneficiary as power of attorney, a copy of the power of attorney papers granting you the power to claim benefits on behalf of the beneficiary.

Pension Fund of the Christian Church

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