Pension Fund
of the Christian Church

BENEFICIARY DESIGNATION FORM

Complete this *Beneficiary Designation Form* if you are a (i) Pension Plan or TDRA member; (ii) Traditional or Roth IRA owner; (iii) BAA account holder; (iv) beneficiary of a deceased TDRA member; or (v) beneficiary of a deceased Traditional or Roth IRA owner.

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

The beneficiary designations made on this Beneficiary Designation Form apply to the plan or plans indicated below. If you wish to make different beneficiary designations for different plan benefits and/or accounts, you should complete a separate Beneficiary Designation Form for each plan and/or accounts.

Check	Plan Name	Applicable Plan Benefits or Accounts:
☐	**Pension Plan***	☐ **All Pension Plan benefits payable to a designated beneficiary** (Pensioner Death Benefit, Salary Continuation Benefit, Death Settlement, and Five Year Certain Pension, as applicable) ☐ **Five Year Certain Pension only** (must be single at retirement and meet eligibility standards to elect this benefit) ☐ **Pensioner Death Benefit** (check only if you have elected the Five Year Certain Pension and want to designate a separate beneficiary for the Pensioner Death Benefit)
☐	**Tax-Deferred Retirement Account (TDRA)**	☐ **All TDRA accounts** ☐ **TDRA account number(s) only:** No._____ No._____ No._____ No._____
☐	**Traditional IRA**	☐ **All Traditional IRA accounts** ☐ **Traditional IRA account number(s) only:** No._____ No._____ No._____ No._____
☐	**Roth IRA**	☐ **All Roth IRA accounts** ☐ **Roth IRA account number(s) only:** No._____ No._____ No._____ No._____
☐	**Benefit Accumulation Account (BAA)**	☐ **All BAAs** ☐ **BAA account number(s) only:** No._____ No._____ No._____ No._____

* The Pension Plan pays death benefits to designated beneficiaries you name on this Form only in limited circumstances (for example, if you die without a surviving spouse, qualified domestic partner, surviving children, and/or dependent parents). Generally, your designated beneficiary(ies) are the same for all Pension Plan death benefits, except that if you elect the Five Year Certain Pension, you may separately designate one individual primary beneficiary to receive the Five Year Certain Pension and a different beneficiary or beneficiaries to receive your Pensioner Death Benefit.

- PLEASE TYPE OR PRINT CLEARLY -

I. MEMBER/OWNER/ACCOUNT HOLDER INFORMATION

Member/Owner/Account Holder Name _____ Member Ref. 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. BENEFICIARY INFORMATION [COMPLETE ONLY IF MEMBER/OWNER IS DECEASED]

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

Home Address _____

City _____ State _____ Country _____ Zip Code_____-_____

Daytime Phone Number (_____) _____ Work Phone Number (_____) _____ Cell Phone Number (_____) _____

E-Mail Address _____

Relationship to Deceased _____ Date of Death _____/ _____/ _____

III. 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. *Notwithstanding the above, if you are designating a beneficiary to receive a Five Year Certain Pension under the Pension Plan, you may designate only one individual primary beneficiary.*

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 are a: (i) Pension Plan or TDRA member who is single; (ii) Traditional or Roth IRA owner who is single; (iii) BAA account holder; (iv) TDRA beneficiary; or (v) Traditional or Roth IRA beneficiary, and you do not elect a beneficiary or if your beneficiaries named on this Beneficiary Designation Form fail to survive you, your benefits will be paid to your estate (*except that a Five Year Certain Pension will not be payable under the Pension Plan if your designated beneficiary predeceases you*). If you are a Pension Plan member who is married or in a qualified domestic partnership or you are a TDRA member or IRA owner who is married, and you do not elect a beneficiary or your beneficiaries named on this Beneficiary Designation Form fail to survive you, your benefits will be paid to your surviving spouse (or qualified domestic partner under the Pension Plan, if applicable). 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 ***The total percentage to all primary beneficiaries must equal 100%.***	**Percentage of Benefit**
Individual or Trust Name _____ (first, middle, last/family name) Mailing Address _____ (street, city, state, zip code) Primary Phone (_____) _____ Relationship to Member/Trustee Name _____ Social Security No./ITIN __ __ __-__ __-__ __ __ __ Birth or Trust Date _____/_____/_____ E-Mail Address _____	_____**%**
Individual or Trust Name _____ (first, middle, last/family name) Mailing Address _____ (street, city, state, zip code) Primary Phone (_____) _____ Relationship to Member/Trustee Name _____ Social Security No./ITIN __ __ __-__ __-__ __ __ __ Birth or Trust Date _____/_____/_____ E-Mail Address _____	_____**%**

Individual or Trust Name ______________________________ (first, middle, last/family name) Mailing Address ______________________________ (street, city, state, zip code) Primary Phone (________)______________ Relationship to Member/Trustee Name ______________________ Social Security No./ITIN __ __ __-__ __-__ __ __ __ Birth or Trust Date _________/________/________ E-Mail Address ______________________________	________%

Contingent Beneficiaries [Do not complete for Five Year Certain Pension beneficiary] 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). ***The total percentage to all contingent beneficiaries must equal 100%.***	**Percentage of Benefit**
Individual or Trust Name ______________________________ (first, middle, last/family name) Mailing Address ______________________________ (street, city, state, zip code) Primary Phone (________)______________ Relationship to Member/Trustee Name ______________________ Social Security No./ITIN __ __ __-__ __-__ __ __ __ Birth or Trust Date _________/________/________ E-Mail Address ______________________________	________%
Individual or Trust Name ______________________________ (first, middle, last/family name) Mailing Address ______________________________ (street, city, state, zip code) Primary Phone (________)______________ Relationship to Member/Trustee Name ______________________ Social Security No./ITIN __ __ __-__ __-__ __ __ __ Birth or Trust Date _________/________/________ E-Mail Address ______________________________	________%
Individual or Trust Name ______________________________ (first, middle, last/family name) Mailing Address ______________________________ (street, city, state, zip code) Primary Phone (________)______________ Relationship to Member/Trustee Name ______________________ Social Security No./ITIN __ __ __-__ __-__ __ __ __ Birth or Trust Date _________/________/________ E-Mail Address ______________________________	________%

IV. SPOUSAL CONSENT [DO NOT COMPLETE FOR PENSION PLAN DESIGNATIONS]

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 IV in order for you to name any one other than, or in addition to, your spouse as a beneficiary. 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 IV 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, <u>any beneficiary you designate in Section II other than your spouse may not be valid.</u>**

SPOUSAL CONSENT. I am the spouse of the member/owner/account holder or the beneficiary. Due to the important tax consequences of giving up my interest in the funds covered by this Beneficiary Designation Form, I have been advised to see a tax or legal professional. I hereby voluntarily and irrevocably give the member/owner/account holder any community property or marital interest I have in the funds covered by this Beneficiary Designation Form and consent to the beneficiary designation(s) indicated above. 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 _____/_____/_____

V. MEMBER/OWNER/ACCOUNT HOLDER/BENEFICIARY CERTIFICATION AND SIGNATURE

I designate the person(s) or entity(ies) named on this Beneficiary Designation Form as beneficiaries for the plans indicated. I reserve the right to revoke this designation at any time by submitting a new Beneficiary Designation Form. This Beneficiary Designation Form shall replace any prior beneficiary designation. I understand that this Beneficiary Designation Form shall not be effective until I have signed it and it has been received by Pension Fund. I further understand that this Beneficiary Designation Form will remain in effect until I complete, sign, and submit an updated Beneficiary Designation Form to Pension Fund at a later date, and said Form is received by Pension Fund. 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 benefit. I assume complete responsibility for all consequences if I fail to obtain any required consent.

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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