

Beneficiary Designation Form Preretirement Survivor Benefit

The Church Pension Fund Clergy Pension Plan

Please check if you are updating or changing your beneficiary designation(s):

Be sure to complete Sections 1-3 and, if applicable, Section 4 completely.

Section 1: Your Personal Information

Legal Name

First MI Last

Gender Male Female

Mailing Address

Street

City State ZIP Country

Social Security #/TIN # (last 4 digits only) Date of Birth

Marital Status Single Married Date of Marriage

Section 2: Designating Your Beneficiary(ies)

I hereby designate the following beneficiary(ies) to receive the preretirement survivor benefit that may be payable under the plan referenced above if I die before I retire and meet the plan's eligibility requirements.

See the Instructions for important information on eligible beneficiaries.

Primary Beneficiary

Legal Name or Name of Special Needs Trust

First MI Last

Gender Male Female

Mailing Address

Street

City State ZIP Country

Home Phone Mobile Phone

Social Security #/TIN # Date of Birth

Relationship Trustee Name (if applicable)

If you are naming more than one primary beneficiary, please attach a separate document (see the form at the end of this document). Each form must be signed, dated, and witnessed. Please indicate the number of additional primary beneficiary designations attached to this document

If you designate more than one primary beneficiary, the preretirement survivor benefit will be divided equally, and each eligible primary beneficiary will receive only his or her own share.

If you are designating contingent beneficiary(ies), please use the form at the end of this document.

Section 3: Acknowledgment and Signatures

I acknowledge that the beneficiary designation made on this form, if valid (see the Instructions for important information on eligible beneficiaries), becomes effective when received and will remain in effect until The Church Pension Fund receives an updated, signed, and dated Beneficiary Designation Form for this benefit.

I also acknowledge that if I have designated my current spouse as a beneficiary using this form, he or she will remain my beneficiary even if we subsequently separate unless (1) I affirmatively designate a new beneficiary by submitting another form to The Church Pension Fund, or (2) I divorce and provide notice of my divorce on the proper form to The Church Pension Fund prior to my death.

Signature _____ Date _____

Witness Signature* _____ Date _____

Print Witness Name _____ Phone _____ Home _____ Mobile _____

Section 4: Spousal Consent

Complete this section only if you are married and your spouse is not your sole primary beneficiary.

I, _____, am the spouse of _____.
Spouse's Name Participant's Name

Gender Male Female

I understand that, under the plan referenced on the first page of this form, if my spouse dies before he or she retires and meets the plan's eligibility requirements, I would be entitled to the preretirement survivor benefit, which is generally a monthly benefit that would be paid to me for the rest of my life and, if applicable, a one-time payment of the resettlement benefit.

- I agree to give up my right to a portion or all of the preretirement survivor benefit and, if applicable, the resettlement benefit and instead have those benefits paid to the beneficiary(ies) listed on this Beneficiary Designation Form.
- I understand that my spouse cannot subsequently designate a different beneficiary(ies) unless I consent to the change.
- I understand that my consent to this beneficiary designation is irrevocable.
- I understand that I do not have to sign this agreement. I am signing this agreement voluntarily.
- I understand that if I do not sign this agreement, then I will receive the survivor benefit and, if applicable, the resettlement benefit that may be payable from the plan.

Signature _____ Date _____

Spouse's Signature _____ Date _____

STATE OF)
) SS

COUNTY OF)

On the _____ day of _____, 20____, before me, the undersigned notary, personally appeared _____, known to me, or proved to me on the basis of satisfactory evidence, to be the person whose name is subscribed to the foregoing instrument, and acknowledged to me that he/she executed the same for the purposes therein expressed.

[Notarial Stamp or Seal] Notary Public
My commission expires _____, 20____

*Must be an adult who is not a beneficiary.

Instructions for Beneficiary Designation Form Preretirement Survivor Benefit

The Church Pension Fund Clergy Pension Plan

About the Preretirement Survivor Benefit

If you die prior to retirement and meet the eligibility requirements under plan referenced above, the preretirement survivor benefit may be payable to your designated beneficiaries, but only if they are eligible beneficiaries. In addition, your eligible beneficiaries may receive a one-time payment of the resettlement benefit, if applicable.

Use this form to:

- Designate primary and contingent beneficiaries for the preretirement survivor benefit.
- Update primary and contingent beneficiaries for the preretirement survivor benefit.

You must submit a different beneficiary designation form for group life insurance provided by your employer or other life insurance benefits provided by The Church Pension Fund (CPF) to eligible participants of the plan referenced above. Use the applicable Beneficiary Designation Form–Group Life Insurance Benefit to designate your beneficiary(ies) for any group life insurance benefits.

Who should complete the form:

- Clergy participating in the plan referenced above.

Please note: The form must be signed and dated in the presence of an adult witness who is not a named beneficiary. If your spouse's consent is required (because your spouse is not your sole primary beneficiary), your spouse's signature must be notarized.

Instructions

Section 1: Your Personal Information

Complete your information completely.

Section 2: Designating Your Beneficiary(ies)

Complete the beneficiary information completely, including address, phone, and social security number or TIN for your beneficiary(ies). This information will be required by CPF in order to process a claim upon your death.

If you are designating more than one primary beneficiary or are designating contingent beneficiaries, please use the form provided on the following pages.

Eligible Beneficiaries

- Eligible beneficiaries are defined as your legal spouse, eligible children, or any disabled person who is your tax dependent. A special needs trust may be designated if an eligible beneficiary is disabled. The definition of eligible child can be found on www.cpg.org.

Rules Governing Beneficiaries

- If your spouse is not your sole primary beneficiary, your spouse must consent to your beneficiary designation(s) and complete Section 4 of the form.
- If you marry after filing a beneficiary designation with CPF, your beneficiary designation will become void after CPF is notified about your marriage. In this case, your spouse becomes your beneficiary.

- If you designate more than one eligible beneficiary, the preretirement survivor benefit will be divided equally, and each beneficiary will receive only his or her own share.
- If you do not designate a beneficiary, if your beneficiary dies before you, or if your beneficiary designation is invalid or void, the preretirement survivor benefit will be paid to:
 - ~ Your legal spouse; or
 - ~ If you were not married, your eligible children.

If you do not have a spouse, eligible child(ren), or an eligible designated beneficiary at the time of your death, no preretirement survivor benefit will be paid from the plan.

Section 3: Acknowledgment and Signatures

Sign and date the form. Your signature must be witnessed by a non-beneficiary adult.

Section 4: Spousal Consent

Your spouse must consent if he or she is not your sole primary beneficiary. Your spouse's signature must be notarized.

Submit the completed and signed form to:

The Church Pension Fund, 19 East 34th Street, New York, NY 10016, Attn: Client Services, or email the form to benefits@cpf.org. If you have any questions, call us at (866) 802-6333, Monday–Friday, 8:30AM–8:00PM ET (excluding holidays).

Beneficiary Designation Form Preretirement Survivor Benefit

The Church Pension Fund Clergy Pension Plan

Use this form to designate additional primary beneficiaries or contingent beneficiaries for the preretirement survivor benefit.

Additional Primary Beneficiaries

Legal Name or Name of Trust
 First MI Last

Gender Male Female

Mailing Address
 Street

City State ZIP Country

Home Phone Mobile Phone

Social Security #/TIN # Date of Birth

Relationship Trustee Name (if applicable)

Legal Name or Name of Trust
 First MI Last

Gender Male Female

Mailing Address
 Street

City State ZIP Country

Home Phone Mobile Phone

Social Security #/TIN # Date of Birth

Relationship Trustee Name (if applicable)

If you designate more than one primary beneficiary, the preretirement survivor benefit will be divided equally, and each eligible primary beneficiary will receive only his or her own share.

Contingent Beneficiaries

Legal Name or Name of Trust
 First MI Last

Gender Male Female

Mailing Address
 Street

City State ZIP Country

Home Phone Mobile Phone

Social Security #/TIN # Date of Birth

Relationship Trustee Name (if applicable)

Legal Name or Name of Trust		MI	Last
First			
Gender	Male	Female	
Mailing Address			
Street			
City	State	ZIP	Country
Home Phone		Mobile Phone	
Social Security #/TIN #		Date of Birth	
Relationship		Trustee Name (if applicable)	

Legal Name or Name of Trust		MI	Last
First			
Gender	Male	Female	
Mailing Address			
Street			
City	State	ZIP	Country
Home Phone		Mobile Phone	
Social Security #/TIN #		Date of Birth	
Relationship		Trustee Name (if applicable)	

The contingent beneficiary(ies) will only receive the preretirement survivor benefit if all of your primary beneficiaries are deceased or are not eligible beneficiaries at the time of your death. If you designate more than one contingent beneficiary, the preretirement survivor benefit will be divided equally, and each eligible contingent beneficiary will receive only his or her own share.

Acknowledgment and Signatures

I acknowledge that the beneficiary designation made on this form, if valid (see the Instructions for important information on eligible beneficiaries), becomes effective when received and will remain in effect until The Church Pension Fund receives an updated, signed, and dated Beneficiary Designation Form for this benefit.

I also acknowledge that if I have designated my current spouse as a beneficiary using this form, he or she will remain my beneficiary even if we subsequently separate unless (1) I affirmatively designate a new beneficiary by submitting another form to The Church Pension Fund, or (2) I divorce and provide notice of my divorce on the proper form to The Church Pension Fund prior to my death.

Signature	Date
-----------	------

Witness Signature*	Date
--------------------	------

Print Witness Name	Phone	Home	Mobile
--------------------	-------	------	--------