



Defined Benefit Retirement Plan
The Lay Lump Sum Death Benefit
Beneficiary Designation Form

Active participants in the Lay Defined Benefit Plan are provided with a Lump Sum Death Benefit, which is the lesser of two times earnings or \$50,000, as outlined in The Episcopal Church Lay Employees' Death Benefit Plan (the "Plan"). This beneficiary designation is for this benefit only.

Name of Member: ID #:
Gender: Male Female
Home Address: City State Zip
Date of Birth:

I hereby designate the following beneficiary to receive the above-referenced benefit should it become payable (additional beneficiaries may be assigned with attached instructions):

Primary

Name: Date of Birth:
Gender: Male Female
Social Security number:
Address: City State Zip
Phone: Relationship:

Contingent

Name: Date of Birth:
Gender: Male Female
Social Security number:
Address: City State Zip
Phone: Relationship:

I understand that, in the event that (a) the above designation is legally ineffective, (b) the above beneficiary predeceases me, or (c) after reasonable efforts the Plan administrator is unable to locate the above beneficiary (to the extent permitted by law), then any benefit payable shall be paid pursuant to the terms of the Plan. I further understand that this beneficiary designation will become void upon retirement.

Your Signature Date

Adult Non-beneficiary Witness Signature Date

Please note that if you have designated your current spouse as a beneficiary using this form, he or she will remain your beneficiary even if you subsequently divorce or legally separate, unless you affirmatively designate a new beneficiary by submitting another form to the Plan Administrator.

Mail to: The Church Pension Fund
Client Services
19 East 34th Street
New York, NY 10016

Please retain a copy for your records.