



# Beneficiary Designation Form The Episcopal Church Lay Employees Defined Contribution Retirement Plan

**Instructions:** Please complete this form and sign it in Section 4. If you are married and do not designate your spouse as your sole beneficiary, please have your spouse complete Section 3. In the future, you may revoke this form and designate a different beneficiary by completing and sending another Beneficiary Designation Form to the Church Pension Fund. If you do not submit this completed form: (1) if you are married, your beneficiary will be your spouse; and (2) if you are not married, or your spouse does not survive you, then your accounts will be distributed to your estate.

Please complete this form and return it in the envelope to:

**The Church Pension Fund, 19 East 34th Street, New York, NY 10016**

**Questions?** Call a Retirement Services Specialist at (877) 208-0092, Monday through Friday, from 8:30 a.m. to 8:00 p.m. Eastern time.

## 1. YOUR INFORMATION

Please use a pen and print clearly in CAPITAL LETTERS.

This is a:  New Account  Change to an Existing Beneficiary Designation

Social Security #: -- Date of Birth: --

First Name:  Middle Initial:

Last Name:

Name of Current Employer/Site/Division:

Daytime Phone: -- Evening Phone: --

## 2. DESIGNATING YOUR BENEFICIARY(IES)

I am:  Not Married  Married

**You are not limited to four primary beneficiaries.** To designate additional beneficiaries, please attach and sign a separate piece of paper.

**When designating beneficiaries, please use whole percentages** and be sure that the percentages total 100%. If you designate a trust as a beneficiary, please include the trust's name and address, the date the trust was created, and the trustee's name.

**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 either (1) affirmatively designate a new beneficiary by submitting another form to the Plan Administrator or (2) you remarry and you provide notice of your remarriage on the proper form to the Plan Administrator prior to the time that your beneficiary would otherwise become entitled to any benefits or payments under the plan.**

## 2. DESIGNATING YOUR BENEFICIARY(IES) (CONTINUED)

### Primary Beneficiary(ies)

I hereby designate the person(s) named below as primary beneficiary(ies) to receive payment of the value of my account(s) under the plan upon my death.

1. Individual or Trust Name:  Percentage:  %

Date of Birth or Trust Date:

-  -

Relationship or Trustee Name:

2. Individual or Trust Name:  Percentage:  %

Date of Birth or Trust Date:

-  -

Relationship or Trustee Name:

3. Individual or Trust Name:  Percentage:  %

Date of Birth or Trust Date:

-  -

Relationship or Trustee Name:

4. Individual or Trust Name:  Percentage:  %

Date of Birth or Trust Date:

-  -

Relationship or Trustee Name:

If more than one person is named and no percentages are indicated, payment will be made in equal shares to my primary beneficiary(ies) who survives me. If a percentage is indicated and a primary beneficiary(ies) does not survive me, the percentage of that beneficiary's designated share shall be divided equally among the surviving primary beneficiary(ies).

## 2. DESIGNATING YOUR BENEFICIARY(IES) (CONTINUED)

### Contingent Beneficiary(ies)

1. Individual or Trust Name:  Percentage:  %

Date of Birth or Trust Date:

-  -

Relationship or Trustee Name:

2. Individual or Trust Name:  Percentage:  %

Date of Birth or Trust Date:

-  -

Relationship or Trustee Name:

3. Individual or Trust Name:  Percentage:  %

Date of Birth or Trust Date:

-  -

Relationship or Trustee Name:

4. Individual or Trust Name:  Percentage:  %

Date of Birth or Trust Date:

-  -

Relationship or Trustee Name:

Payment to contingent beneficiary(ies) will be made according to the rules of succession described under Primary Beneficiary(ies).

### 3. SPOUSAL CONSENT

As the spouse of the Participant named above, I understand that, under the terms of the plan, I am entitled to 100% of my spouse's retirement benefits if my spouse should die prior to receiving full payment of his or her account balance, unless I choose to give up that right.

By signing below, I hereby acknowledge that I understand: (1) that the effect of my consent may result in the forfeiture of benefits I would receive or otherwise be entitled to receive upon my spouse's death; (2) that this waiver is not valid unless I consent to it; (3) that my consent is voluntary; (4) that my consent is irrevocable unless my spouse completes a new Beneficiary Designation Form; and (5) that my consent (signature) must be witnessed by a notary public or a representative of the plan.

Signature of Participant's Spouse:

Date:

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To be completed by a notary public or a representative of the plan:

Sworn before me this day

In the state of

County of

Notary Public Signature:

My Commission Expires:

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Notary stamp must be in the above box.

Witnessed by Plan Representative:

Date:

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### 4. AUTHORIZATION AND SIGNATURE

- I certify under penalties of perjury that my Social Security number in Section 1 on this form is correct.
- I am aware that the beneficiary information included in this form becomes effective when received and will remain in effect until I complete, sign, and mail an updated Beneficiary Designation Form to the Church Pension Fund at a later date.
- I understand that I may designate a beneficiary for my assets accumulated under the plan and that if I choose not to designate a beneficiary, my beneficiary will be my surviving spouse, or if I do not have a surviving spouse, the designation will be based on the provisions of the plan.
- I am aware that the beneficiary information provided herein shall apply to all my accounts under the plan and shall replace all previous designation(s) I have made on any of my accounts under the plan.

Your Signature:

Date:

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Please note that this Beneficiary Designation Form is provided to you for informational purposes only and should not be viewed as investment, tax, or other advice. In the event of a conflict between the information contained in this Form and the official plan document, the official plan document will govern. The Church Pension Fund and its affiliates retain the right to amend, terminate, or modify the terms of the plan described in this Form at any time, without notice and for any reason.