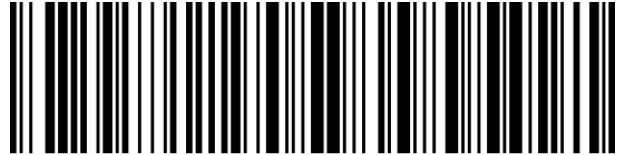


**The Pension Boards**  
 United Church of Christ, Inc.  
 WHERE FAITH AND FINANCE INTERSECT



PRDB Survivors

**Post-Retirement Death Benefits**

This form is used to pay out death benefit to the member's survivors.

**DECEASED MEMBER INFORMATION**

MEMBER ID: 

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 Last 4 Digits of SSN:          -       - 

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Member Name: Last \_\_\_\_\_, First \_\_\_\_\_, Initial \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Gender: M [ ] F [ ] Date of Birth   /  /    
MM DD YYYY

**Please attach a copy of the death certificate.**

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**BENEFICIARY/CLAIMANT INFORMATION**

SSN: \_\_\_\_\_ Date of Birth:   /  /   Gender: [ ] M [ ] F  
MM DD YYYY

Name of Beneficiary/Claimant (last, first, middle initial): \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Cell Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_ Home Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_

Relationship to Deceased: \_\_\_\_\_

If widowed spouse, date of marriage to deceased:   /  /    
MM DD YYYY

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**DECEASED MEMBER SURVIVING CHILDREN**

Only use as additional contact information, and if necessary.

Name: \_\_\_\_\_ Date of Birth:   /  /    
MM DD YYYY

Place of Residence: \_\_\_\_\_

Email Address \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth:   /  /    
MM DD YYYY

Place of Residence: \_\_\_\_\_

Email Address \_\_\_\_\_

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## SIGNATURE OF BENEFICIARY/CLAIMANT

The undersigned beneficiary acknowledges that they shall, at all times, be subject to the terms and conditions specified by the Pension Boards. These terms and conditions may be amended, modified, or supplemented at any time at the sole discretion of the Pension Boards. I acknowledge that the Lifetime Retirement Income Plan document is available to me on [www.pbucc.org](http://www.pbucc.org).

Beneficiary/Claimant Signature: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
MM DD YYYY

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## DEPOSITORY INFORMATION

Bank Name: \_\_\_\_\_

Bank Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Routing Number: \_\_\_\_\_ Account Number: \_\_\_\_\_

Account Type:  Checking  Savings **Please attach a voided check or savings deposit slip.**

Any changes to the above specified depository information must be submitted in writing. Please note that payment may be issued by the Pension Boards or our bank Northern Trust.

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## SIGNATURE – FOR DEPOSITORY INFORMATION

**Single Name Account Agreement** If Northern Trust, on behalf of the Pension Boards, should make a payment after my death, I hereby agree, on behalf of my executors and administrators, that my estate, and depository listed above, will refund any such money to PBUCC.

Signature: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
MM DD YYYY

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## Joint Name Account Agreement

If any funds credited to the account that represent a payment to the member made after the death of such member, the undersigned will take no action to withdraw such funds from the account. The undersigned also agrees to return such funds to PBUCC. This shall not in any way diminish any rights that the undersigned may have to receive any payment under the Plan.

Signature: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
MM DD YYYY

Signature: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
MM DD YYYY

**Application Checklist - TO AVOID DELAY IN PROCESSING YOUR APPLICATION, BE CERTAIN TO:**

- Review your application, ensure you sign and date the application.
- Complete and return the 1st page of the W-4P.
- Copy of the member's death certificate.
- Attach a copy of proof age for you (birth certificate, passport or driver's license).

**Please return this signed and completed form by email to: [info@pbucc.org](mailto:info@pbucc.org); by fax: 212.729.2701; or mail to: Pension Boards-UCC, 475 Riverside Drive, Suite 1020, New York, NY 10115.**