



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



**Pre-Retirement Death Benefits Non-Spouse**

Pre- Retirement Death Benefit Form for Non-Spouse – used to annuitize pension benefit.

MEMBER ID:     -

Last 4 Digits of SSN: X X X - X X -

**PERSONAL INFORMATION**

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

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

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

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

Gender: M [  ] F [  ] Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Title: Rev. [  ] Dr. [  ]  
MM DD YYYY

Relationship Status: Single [  ] Married [  ] Divorced [  ] Widowed [  ]

**BENEFICIARY/CLAIMANT CERTIFICATION**

I certify that my information above is correct and that I am the rightful Beneficiary of the deceased member listed below. 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 via a link on the web at [www.pbucc.org](http://www.pbucc.org).

Beneficiary/Claimant Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
MM DD YYYY

**DECEASED MEMBER INFORMATION**

Please include a copy of the death certificate with this form.

Member ID:     -

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

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

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

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

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**ANNUITY START DATE**

For non-spouse claimants, payment must begin no later than December of the calendar year following the year of the member's death.

I wish to elect a Lump Sum.

I wish to commence my annuity payment as of the first day of: \_\_\_\_\_ (month), \_\_\_\_\_ (year).

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**THE OPTIONS SELECTED BELOW ARE IRREVOCABLE ELECTIONS**

*Elect how much of your retirement balance is to be annuitized:*

**EMPLOYER BALANCE TO BE ANNUITIZED (Leave blank if not applicable)**

Employer Contributions, Including Earnings

\_\_\_\_\_.\_\_\_\_ % (no less than 80%)

**EMPLOYEE CONTRIBUTIONS TO BE ANNUITIZED (Leave blank if personal balance is zero)**

Employee Contributions, Including Earnings

\_\_\_\_\_.\_\_\_\_ % (Insert 0% up to 100%)

**REMAINING BALANCE NOT ANNUITIZED**

Your remaining balance not annuitized will be accessible after your annuity start date. Your funds remain invested according to your current options in the Lifetime Retirement Income Plan.

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**THE OPTIONS SELECTED BELOW ARE IRREVOCABLE ELECTIONS****PAYMENT OPTIONS**

Please read carefully and select only ONE of the following:

 **Equal Monthly Payments**

Extending over (select ONE):  3 years     5 years     8 years

**NOTE:** The equal monthly payment option is only available for beneficiaries/claimants who begin benefit payments before the age of 50)

 **Single Life Annuity**

I understand that this annuity option provides payments to me only during my lifetime and that no payments will be paid to any beneficiary upon my death.

 **Single Life Annuity with 10-Year Certain Option**

I understand that this option provides payments to me during my lifetime. If I die before 120 monthly payments have been made, the beneficiary(ies) named below will receive 100% of the monthly benefit for the remainder of the 120 payments, and no benefits will be paid on or after the 10th anniversary of my annuity start date. If I die after having received 120 monthly payments, no benefits will be payable upon my death.

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**ANNUITY ELECTION - Please select only ONE of the following:**

Complete this section ONLY if you selected the Single Life Annuity or Single Life Annuity with 10-Year Certain option. Please select only ONE of the following:

**Basic Annuity** The Investment Objective of the Basic Annuity is to produce long-term returns at the embedded 4% annual return assumption. The assets supporting the Basic Annuity are invested in fixed-income securities that reflect high overall quality ratings. Benefits are expected to remain relatively constant over time but could change with an extended period of returns higher or lower than the embedded 4% for the underlying portfolios.

**Participating Annuity** The Investment Objective of the Participating Annuity is to produce long-term annual returns above the embedded 4% return assumption. The assets supporting this annuity are invested in global stocks, fixed-income securities, and real assets. Benefits are expected to gradually increase over time but could decrease with an extended period of low asset returns for the investment portfolios of the Participating Annuity.

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**BENEFICIARY DESIGNATION 10 – Year Certain Option or Equal Payment Beneficiary**

Please complete the beneficiary designation if electing to receive equal monthly payments or 10-Year Certain Option. You must name at least one beneficiary below.

I understand that the following beneficiary(ies) will receive benefits upon my death if a total of 120 payments have not been paid to me or the remaining equal based on the election above. A beneficiary may be a person, institution, trust, or estate to which your annuity payments are payable.

SSN or Tax ID: \_\_\_\_\_ Date of Birth or Date of Trust: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_ City \_\_\_\_\_  
State \_\_\_\_\_ Zip: \_\_\_\_\_  
Percentage Share: \_\_\_\_\_%

SSN or Tax ID: \_\_\_\_\_ Date of Birth or Date of Trust: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_ City \_\_\_\_\_  
State \_\_\_\_\_ Zip: \_\_\_\_\_  
Percentage Share: \_\_\_\_\_%

Additional beneficiary(ies): check if applicable, and list information on a separate sheet of paper and attach to this form. Valid SSN or Tax ID is required for each listed.

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**DEPOSITORY INFORMATION**

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

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

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

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

Account Type: [ ] Checking [ ] Savings **Attach a voided check or savings deposit slip.**

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

**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).