

The Pension Boards - United Church of Christ
 475 Riverside Drive * Room 1020
 New York, NY 10115
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 Fax: (212) 729-2701
 Internet: www.pbucc.org
 Email: info@pbucc.org



An Affiliated Ministry of the
 United Church of Christ

**Annuity Fund
 Beneficiary Designation**

Social Security No.	Name (last, first, middle initial)		
Address (no. and street)		City, State, Zip	
Phone No. (with area code)	E-mail Address		
Date of Birth (month, day, year)	Certificate No.		

Primary Beneficiary: I hereby designate the following as Primary Beneficiary(ies). If more than one is designated, each surviving Primary Beneficiary shall share in the proportionate indicated. If none is indicated each shall share equally. Payment from the Plan will be made directly to the beneficiary(ies) shown below.

Social Security No.	Name (last, first, middle initial)		
Address (no. and street)		City, State, Zip	
Date of Birth (month, day, year)	Relationship	Percentage Share	

Additional Primary Beneficiaries are listed on the reverse. (Check box if applicable.)

Secondary Beneficiary: If the above named Primary Beneficiary(ies) die(s) before me, I designate the following as Secondary Beneficiary(ies). If more than one Secondary Beneficiary is designated, payment shall be made in equal shares, or all to the last survivor except where I have indicated proportionate shares below.

Social Security No.	Name (last, first, middle initial)		
Address (no. and street)		City, State, Zip	
Date of Birth (month, day, year)	Relationship	Percentage Share	

Additional Secondary Beneficiaries are listed on the reverse. (Check box if applicable.)

Please sign form on reverse and submit to the Pension Boards.

Designation of Trustee: If any beneficiary entitled to payment is a minor at my death, I designate the following person as trustee for such beneficiary.

Social Security No.	Name (last, first, middle initial)		
Address (no. and street)		City, State, Zip	
Date of Birth (month, day, year)	Relationship	Telephone No.	

Additional Primary Beneficiary(ies)

Social Security No.	Name (last, first, middle initial)		
Address (no. and street)		City, State, Zip	
Date of Birth (month, day, year)	Relationship	Percentage Share	

Social Security No.	Name (last, first, middle initial)		
Address (no. and street)		City, State, Zip	
Date of Birth (month, day, year)	Relationship	Percentage Share	

Additional Secondary Beneficiary(ies)

Social Security No.	Name (last, first, middle initial)		
Address (no. and street)		City, State, Zip	
Date of Birth (month, day, year)	Relationship	Percentage Share	

Spouse Consent: I hereby consent to the above beneficiary(ies) designated by my spouse.

Spousal consent is required if the applicant is married and has not designated his or her spouse as the sole beneficiary.

Spouse's Signature	Date
Signature and Stamp of Notary Public	Date

Signature & Date

Signature of person entitled to designate a beneficiary	Date
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