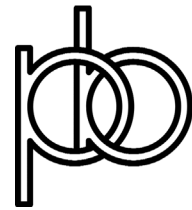


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An Affiliated Ministry of the
 United Church of Christ

Designation of Beneficiary/120 Payments

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.		

Annuity Application Beneficiary(ies): I hereby designate the following Beneficiary(ies). If more than one is designated, each surviving beneficiary shall share in the proportionate percentages indicated. If none is indicated, each share share equally.

Name (last, first, middle initial)	Date of Birth	Share % (Percentage)
Address (no. and street)	City, State and Zip	Relationship

Name (last, first, middle initial)	Date of Birth	Share % (Percentage)
Address (no. and street)	City, State and Zip	Relationship

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

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

Name (last, first, middle initial)	Date of Birth	Relationship
Address (no. and street)	City, State and Zip	
Phone No. (with area code)	E-mail Address	

Signature and Date	
Signature of person entitled to designate a beneficiary	Date

Additional Primary Beneficiaries

Name (last, first, middle initial)	Date of Birth	Share % (Percentage)
Address (no. and street)	City, State and Zip	Relationship

Name (last, first, middle initial)	Date of Birth	Share % (Percentage)
Address (no. and street)	City, State and Zip	Relationship

Name (last, first, middle initial)	Date of Birth	Share % (Percentage)
Address (no. and street)	City, State and Zip	Relationship

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