

## Beneficiary Designation

MEMBER ID: \_\_\_\_\_

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### PERSONAL INFORMATION

SSN: \_\_\_\_\_ Gender: ☐ M ☐ F Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Title: ☐ Rev. ☐ Dr.

Relationship Status: ☐ Single ☐ Married ☐ Divorced ☐ Widowed ☐ Civil Union ☐ Domestic Partner

Date of Marriage : \_\_\_\_/\_\_\_\_/\_\_\_\_

Name of Member (last, first, middle initial): \_\_\_\_\_

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

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

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### BENEFICIARY PERSONAL INFORMATION

#### Primary Beneficiary(ies):

I hereby designate the following as Primary Beneficiary(ies). If more than one is designated, each surviving Primary Beneficiary shall receive the percentage share indicated. Total proportion of designations must total 100%.

Please note: If you designate a minor as a beneficiary, you are required to have a probate court-appointed guardian to receive and administer the death benefits to the minor. Do not write the name of the guardian on this form.

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

SSN: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Relationship: \_\_\_\_\_

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

Percentage Share: \_\_\_\_\_%

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

SSN: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Relationship: \_\_\_\_\_

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

Percentage Share: \_\_\_\_\_%

☐ Additional Primary Beneficiary(ies): check if applicable, and list information on a separate sheet of paper and attach to this form.

**Secondary Beneficiary(ies):**

I hereby designate the following as Primary Beneficiary(ies). Secondary Beneficiary(ies) are only entitled to benefits when all primary beneficiary(ies) are deceased when benefits are payable. If more than one is designated, each surviving Secondary Beneficiary shall share in the proportion indicated.

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

SSN: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Relationship: \_\_\_\_\_

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

Percentage Share: \_\_\_\_\_%

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

SSN: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Relationship: \_\_\_\_\_

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

Percentage Share: \_\_\_\_\_%

[ ] Additional Secondary Beneficiary(ies): check if applicable, and list information on a separate sheet of paper and attach to this form.

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**SPOUSAL CONSENT**

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

Spouse's Consent:

[ ] I hereby consent to the above beneficiary(ies) designated by my spouse

Spouse's Signature \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

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**NOTARY**

Notary's Signature \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Notary's Stamp:

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**SIGNATURE**

Member Signature \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

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.