



Beneficiary Designation

PERSONAL INFORMA	TION			
SSN:	Date of Birth:	Marital St	atus:	
Name of Member (last,	first, middle initial):			Title:
Address:		City	State	ZIP
Cell Phone: ()	Home Phone: () Ema	il:	
BENEFICIARY PERSON	NAL INFORMATION			
Note: If you have a Rollov of the United Church of C	er Contribution Account (RCA) be	eneficiary updates will app	oly to both the RCA a	nd the Annuity Pla
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Primary Beneficiary(ies I hereby designate the f Beneficiary shall receive Please note, if you desig): Following as Primary Beneficia the percentage share indicat gnate a minor as a beneficiary the death benefits to the min	ed. Total proportion of , you are required to ha	designations must	total 100%.
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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 Bene	eficiary (last, first, middle in	nitial):		
SSN:	Date of Birth:	Relationship:		
Address:		City	State	ZIP
Percentage Share:	%			
Name of Secondary Bene	eficiary (last, first, middle in	nitial):		
SSN:	Date of Birth:	Relationship:		
Address:		City	State	ZIP
Percentage Share:	%			
[] Additional Secondary attach to this form.	y Beneficiary(ies): check if a	pplicable, and list informa	ation on a separate	e sheet of paper and
Spouse's Consent:	red if the applicant is marrion the above beneficiary(ies) d		d their spouse as t	he sole beneficiary.
Spouse's Signature		Date:		
NOTARY				
Notary's Signature		Date:		
Notary's Stamp:				
SIGNATURE				
Member Signature		Date:		

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