



The Pension Boards

United Church of Christ, Inc.

WHERE FAITH AND FINANCE INTERSECT

Post-Retirement Death Benefits

MEMBER ID: _____

DECEASED MEMBER INFORMATION

Please include a copy of the death certificate.

SSN: _____ Date of Birth: ____/____/____ Gender: [] M [] F Date of Death: ____/____/____

Name of Member (last, first, middle initial): _____

Address: _____ City _____ State _____ ZIP _____

BENEFICIARY/CLAIMANT INFORMATION

SSN: _____ Date of Birth: ____/____/____ Gender: [] M [] F

Name of Beneficiary/Claimant (last, first, middle initial): _____

Address: _____ City _____ State _____ ZIP _____

Cell Phone: (____) ____ - ____ Home Phone: (____) ____ - ____ Email: _____

Relationship to Deceased: _____

If widowed spouse, date of marriage to deceased: ____/____/____

DECEASED MEMBER SURVIVING CHILDREN

Only use as additional contact information, and if necessary.

Name: _____ Date of Birth: ____/____/____

Place of Residence: _____

Email Address _____

Name: _____ Date of Birth: ____/____/____

Place of Residence: _____

Email Address _____

SIGNATURE OF BENEFICIARY/CLAIMANT

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 Annuity Plan document is available to me by clicking here:

https://bit.ly/ANNUITY_PLAN.

Beneficiary/Claimant Signature _____ Date: ____/____/____

DEPOSITORY INFORMATION

Bank Name: _____

Bank Address: _____ City _____ State _____ ZIP _____

Routing Number: _____ Account Number: _____

Account Type: [] Checking [] Savings **Please 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: ____/____/____

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: ____/____/____

Signature: _____ Date: ____/____/____

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).

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.