Pension Boards United Church of Christ

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Designation of Beneficiary – 120 Payments

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PERSONAL INFORMATION						
Social Security number	Name (last, first, middle initial)					
Address (number and street)	City/State/ZIP		Telephone number (with area code)			
				_		
E-mail address	Date of birth (month/day/year)		Member ID number			
@	/	/				
ANNUITY APPLICATION BENEFICIARY(IES)						
Primary Beneficiary						
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 shall share equally.						
Name (last, first, middle initial)	Date of birth (m		nonth/day/year)	Percentage share		
		,				
		/ City/State/ZIP		%		
Address (number and street)	City/State/ZIP			Relationship		
Additional Beneficiary(ies)						
(check box if applicable and list information on reverse)						
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.						
Name (last, first, middle initial)	Address (number and street)		City/State/ZIP			
Telephone number (with area code)	E-mail address		<u>I</u>			
() –			@			
Date of birth (month/day/year)	Relationship	Relationship Social Security number		y number		

Additional Beneficiary(ies)					
(Continued from front)					
Name (last, first, middle initial)	Date of birth (month/day/year)	Percentage share			
	/ /	%			
Address (number and street)	City/State/ZIP	Relationship			
N		D 1			
Name (last, first, middle initial)	Date of birth (month/day/year)	Percentage share			
		%			
Address (number and street)	/ / / City/State/ZIP	Relationship			
Address (number and street)	City/State/ZIP	Kelationship			
Name (last, first, middle initial)	Date of birth (month/day/year)	Percentage share			
Traine (ust, just, made milat)	Date of birth (monthquity) year)	Terecitage share			
	/ /	%			
Address (number and street)	/ / / City/State/ZIP	Relationship			
	,, ,				
CONSENT OF MEMBER'S SPOUSE					
Spousal consent is required if the applicant is married and has not designated her/his spouse as the sole beneficiary.					
☐ I hereby consent the beneficiary(ies) designated by my spouse above.					
Spouse's signature	Date				
Signature and stamp of Notary Public	Date				
CICNIATURE	AND DATE				
SIGNATURE AND DATE					
Signature of person entitled to designate a beneficiary	Date				