

Member Acknowledgement Form

The undersigned Member (as of Beneficiaries (as defined in the provided to me. In addition, I a conditions of the Annuity Plansupplemented from time to time	Annuity Plan document) cknowledge that I and m document (available at v	acknowledge that the y Beneficiary shall, at a yww.pbucc.org), as the	Annuity Plan document half times, be subject to the same may be amended,	nas been e terms and modified, or
Acknowledged and agreed this	day of	, 20		
Member signature				
Member name (please print)				
This Acknowledgement must b	e returned to the Pensio	n Boards, together with	n the other required form	s to:
Attn: Member	pards—United Church of O Services Department Orive, Room 1020 10115	Christ, Inc.		

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.