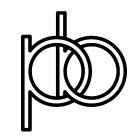
## The Pension Boards United Church of Christ

475 Riverside Drive Room 1020 New York, NY 10115-0059

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www.pbucc.org info@pbucc.org



**Beneficiary Designation** 

DI FACE CLIEC	V ALL OF VO	NUR ACCOUNTS FOR WILLICH TH		NIC MILL APPLY			
PLEASE CHECK ALL OF YOUR ACCOUNTS FOR WHICH THE DESIGNATIONS WILL APPLY							
☐ Annuity Plan for the United Church of Christ**							
☐ Retirement Savings Account (RSA) (for member's receiving a monthly annuity benefit)							
PERSONAL INFORMATION							
Social Security number	Name (last,	first, middle initial)	□ Mr.	Date of birth (month/day/year)			
,	,		□ Ms.				
				/ /			
Address (number and street)			City/State/Z	IP ,			
ridaress (number and street)			City/Otate/2				
Telephone number (with area of	code)		E-mail address				
(							
( ) -		DENIFFICIA DV DECICALATION		@			
BENEFICIARY DESIGNATION							
**If you have a Rollover Contribution Account (RCA) beneficiary updates will apply to both the RCA and the Annuity Plan							
UCC.							
Primary Beneficiary(ies): I hereby designate the following as Primary Beneficiary(ies). If more than one is designated, each							
surviving Primary Beneficiary shall share in the proportion indicated. Total proportion of designations must total 100%.							
If you designate a minor as beneficiary, generally a probate court would have to appoint a guardian to receive and administer							
the death benefits to the minor. Do not write the name of a guardian on this form. You may want to consider the option of							
providing for a minor by naming a trust established in your will (a "testamentary trust") for the benefit of that minor as your beneficiary.							
,		Address (number and street) and C	:+/Stata/7ID	Data of hinth (month/day/wagu)			
Name (last, first, middle initial)		Address (number and street) and City/State/ZIP		Date of birth (month/day/year)			
				/ /			
Social Security number		Percentage share		Relationship			
Social Security number		rercentage share		Relationship			
		%					
Name (last, first, middle initial)		Address (number and street) and City/State/ZIP		Date of birth (month/day/year)			
Traine (ust, jirst, madie midu)		Address (number and street) and City/State/211		Date of officer (monthly daty) year)			
				/ /			
Social Security number		Percentage share		Relationship			
Social Security Hamber				1			
		%					
Additional Primary Beneficia	ry(ies)						
☐ Check box if applicable and	l list informa	tion on a separate sheet of paper an	d attach to this:	form.			
Secondary Beneficiary(ies): I hereby designate the following as Secondary Beneficiary(ies). Secondary Beneficiary(ies) are only							
entitled to benefits if 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. Total proportion of designations must total 100%.							
		Address (number and street) and City/State/ZIP		1			
Name (last, first, middle initial)		Address (number and street) and C	ity/State/ZIF	Date of birth (month/day/year)			
				/ /			
Social Security number		Percentage share		Relationship			
Cociai Occarrey Humber		- creeninge share		- Controllering			
		%					
Name (last, first, middle initial)		Address (number and street) and C	ity/State/7IP	Date of birth (month/day/year)			
Traine (mot, just, mame mum)		Tradicio (mimori ana sireet) ana C	ic, jourc, Lii	Date of birth (monuquity year)			
				/ /			

Social Security number	Percentage share		Relationship				
		%					
Additional Secondary Beneficiary(ies)							
☐ Check box if applicable and list information on a separate sheet of paper and attach to the form.							
CONSENT OF MEMBER'S SPOUSE							
Note: Spousal consent is required if the applicant is married and has not designated her or his spouse as the sole							
beneficiary.							
☐ I hereby consent to the above-named beneficiary(ies), as designated by my spouse.							
Spouse's signature		Date					
Signature and stamp of Notary Public		Date					
SIGNATURE							
Signature of person entitled to designate:		Date					
The state of the s	,						
Signature of witness (not a beneficiary)		Date					
(							