



## Pre-Retirement Death Benefits

**MEMBER ID:** \_\_\_\_\_

Please check one. I am using this form for:

- Spouse, under age 50  
 Spouse, age 50 and over

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### DECEASED MEMBER INFORMATION

Please include a copy of the death certificate.

SSN: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender:  M  F Title:  Rev.  Dr.

Name of Member (last, first, middle initial): \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ ZIP \_\_\_\_\_

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### CLAIMANT INFORMATION

SSN: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender:  M  F Title:  Rev.  Dr.

Name of Member (last, first, middle initial): \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ ZIP \_\_\_\_\_

Cell Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Email: \_\_\_\_\_

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### ANNUITY START DATE

For spouse claimants, if you wish to defer commencement, DO NOT complete this section.

For non-spouse claimants, payment must begin no later than December of the calendar year following the year of the member's death.

The first day of \_\_\_\_\_ (month), \_\_\_\_\_ (year).

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## PARTIAL WITHDRAWAL INSTRUCTIONS

You have the option to withdraw part of the accumulated balances rather than having all of them converted to an annuity. **If you do not want to withdraw any of the accumulated balances, please skip this section.** Please note that a partial withdrawal reduces your monthly benefit in proportion to the amount withdrawn.

Please read carefully and select only ONE of the following:

- I elect a withdrawal of the total **personal** contributions only, including earnings.
  - I elect a partial withdrawal of \$ \_\_\_\_\_ or \_\_\_\_\_% (not to exceed 20%) of the total accumulation in the retirement account. **(This option is only available for spouse claimants.)**
  - I elect a partial withdrawal of \$ \_\_\_\_\_ or \_\_\_\_\_% of the total **employer** contributions in the retirement account. **(This option is only available for non-spouse claimants.)**
  - I elect a withdrawal of the total **personal** contributions, including earnings, AND a partial withdrawal of \$ \_\_\_\_\_ or \_\_\_\_\_% (for spouse claimants, this is not to exceed 20%) of the total **employer** contributions, including earnings, in the retirement account.
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## DISTRIBUTION INSTRUCTIONS FOR PARTIAL WITHDRAWAL

If you elected a partial withdrawal, you must select one or more of the choices below. Skip this section if you DID NOT elect a partial withdrawal. Please read carefully.

- I wish to have \$ \_\_\_\_\_ or \_\_\_\_\_% of my partial withdrawal transferred to the Annuity Fund Retirement Savings Account (RSA). Please complete and submit an RSA form. **(This option is only available for spouse claimants.)**
- I wish to have \$ \_\_\_\_\_ or \_\_\_\_\_% of my partial withdrawal paid directly to me. I understand that 20% federal and applicable state taxes will be withheld.
- I wish to have \$ \_\_\_\_\_ or \_\_\_\_\_% of my partial withdrawal rolled over to the IRA or Inherited IRA indicated below:

**(Non-spouse claimants may only use an Inherited IRA.)**

Name of IRA: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

NOTE: You must obtain an official transfer form from the above organization that is accepting the rollover. Please send the form(s) to the Pension Boards, or request that the institution forward it on your behalf.

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## PAYMENT OPTIONS

Please read carefully and select only ONE of the following:

**Deferred Annuity**

The accumulated amounts will continue to accrue investment earnings and will be used for an annuity beginning at a future date. I understand that I must begin benefit payments no later than the December 1 of the calendar year following the year my deceased spouse would have attained age 70.5.

**(This option is only available for spouse claimants.)**

**Equal Monthly Payments**

Extending over (select ONE):  3 years       5 years       8 years

**(This option is only available for spouse claimants who begin benefit payments before the age of 50.)**

**Single Sum Payment**

I understand that no additional payments will be due to me or to any beneficiary after payment of the lump sum. **(This option is only available for non-spouse claimants.)**

**Single Life Annuity**

I understand that this annuity option provides payments to me only during my lifetime and that no payments will be paid to any beneficiary upon my death.

**Single Life Annuity with 10-Year Certain Option**

I understand that this option provides payments to me during my lifetime. If I die before 120 monthly payments have been made, the beneficiary(ies) named below will receive 100% of the monthly benefit for the remainder of the 120 payments, and no benefits will be paid on or after the 10<sup>th</sup> anniversary of my annuity start date. If I die after having received 120 monthly payments, no benefits will be payable upon my death.

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## ANNUITY ELECTION

Complete this section **ONLY** if you selected the Single Life Annuity or Single Life Annuity with 10-Year Certain option.

Please select only ONE of the following:

Basic Annuity

Participating Annuity

For information about our annuity programs, please visit [www.pbucc.org](http://www.pbucc.org).

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## BENEFICIARY DESIGNATION

I understand that the following beneficiary(ies) will receive benefits if I died before the date my benefits start. I understand that I can change the beneficiary(ies) at any time. A beneficiary may be a person, institution, trust, or estate to which your annuity payments are payable. An institution, trust, or estate will receive the actuarial equivalent of the remainder of the 120 payments in one lump sum.

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

SSN or Tax ID: \_\_\_\_\_ Date of Birth or Date of Trust: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Percentage Share: \_\_\_\_\_%

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

SSN or Tax ID: \_\_\_\_\_ Date of Birth or Date of Trust: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Percentage Share: \_\_\_\_\_%

[ ] Additional beneficiary(ies): check if applicable, and list information on a separate sheet of paper and attach to this form.

Each listed beneficiary must complete and submit a Beneficiary Acknowledgement form.

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## SIGNATURES

I do hereby affirm that I have carefully read and understood this form in its entirety, and that together with all documents attached, are submitted to the Pension Boards as proof of death and justness of claim.

Attached with this application is a copy of the member's death certificate. Also attached is a copy of my birth certificate, any additional beneficiaries, and the completed and signed Beneficiary Acknowledgement form(s). (Please note: A copy of passport or driver's license may be provided when a birth certificate is not available.)

Claimant Signature \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Witness Signature \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

(Witness must not be a beneficiary)

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