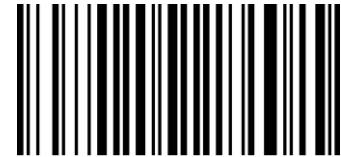


**The Pension Boards**  
 United Church of Christ, Inc.  
 WHERE FAITH AND FINANCE INTERSECT



G120 B

**G120 Beneficiary Designation Form**

Please complete this form to designate or change beneficiaries for your 10-Year Certain Option as required.

**MEMBER ID:**     -     Last 4 Digits of SSN: X X X - X X -

Member Name: Last \_\_\_\_\_, First \_\_\_\_\_, Initial \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

Gender: M [  ] F [  ] Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Title: Rev. [  ] Dr. [  ]  
MM DD YYYY

Relationship Status: Single [  ] Married [  ] Divorced [  ] Widowed [  ]

**BENEFICIARY DESIGNATION**

I hereby designate the following as Beneficiary(ies). If more than one is designated, each surviving Beneficiary shall receive the percentage share indicated. Total of all share designations must equal 100%.

Please note: If you designate a minor as a beneficiary, you are required to have a probate court-appointed guardian to receive and administer the death benefits to the minor. Do not write the name of the guardian on this form.

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

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

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

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

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

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

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

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

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

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

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

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

Additional beneficiary(ies): check if applicable, and list information on a separate sheet of paper and attach it to this form. **Valid SSN or Tax ID is required.**

**SIGNATURE**

Member Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
MM DD YYYY

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.

End of Form