



## Beneficiary Designation Form

Use this form to designate the beneficiaries to receive the Group Term Life Benefits, Salary Continuation Benefit and/or Supplement Death Benefits.

Your personal information	
Name (first, middle, last)	Last 4 digits of SSN
I am (check one): <input type="checkbox"/> Active <input type="checkbox"/> Disabled <input type="checkbox"/> Terminated vested and meet Rule of 70 <input type="checkbox"/> Retired	
This designation applies to (check all that apply): <input type="checkbox"/> Group Term Life Benefits <input type="checkbox"/> Salary Continuation Benefit <input type="checkbox"/> Supplement Death Benefits	

Beneficiary designation
<p>You may name any person, institution, or trust as a beneficiary. You must name each beneficiary individually; a designation such as "all my children equally" is unacceptable. Include the name and date of any trust and the trustee's name. You may select primary and secondary beneficiaries.</p> <p>If any primary beneficiaries predecease you, the benefit is divided proportionately among the surviving primary beneficiaries unless you specifically designate otherwise. For example, if you name your adult children as your primary beneficiaries and one of them predeceases you, the benefit will be distributed proportionately to the surviving children. If no allocations are specified, the benefit will be divided equally among the primary beneficiaries.</p> <p>In the event that a beneficiary designation is found to be incomplete or uncertain at the time of your death, the Board reserves the right to make a final determination in the disbursement of benefits as stated in the Benefits Plan.</p> <p>If none of your primary beneficiaries survives you, then your secondary beneficiaries will receive the benefit in the allocations you specify. If no allocations are specified, the benefit will be divided equally among your secondary beneficiaries.</p> <p>If you are naming more than one primary and/or secondary beneficiary, please specify the percentage of your benefit each beneficiary should receive. The percent share for primary and secondary beneficiaries should each total <b>100 percent (use whole percentages, e.g., 34%, not 33.3%)</b>.</p>

Submit this completed form to: The Board of Pensions of the Presbyterian Church (U.S.A.)		
Questions? Call the Board at 800-773-7752 (800-PRESPLAN)		
<b>Mail to:</b> 2000 Market Street Philadelphia, PA 19103-3298	<b>Fax to:</b> 215-587-6215	<b>Email to:</b> <a href="mailto:memberservices@pensions.org">memberservices@pensions.org</a>



# Beneficiary Designation Form

**1. Your primary beneficiary(ies):**  
Name the primary beneficiary or beneficiaries to receive any benefits in the event of your death.

Full name <i>(of person, estate, trust, or other)</i>	Full SSN <i>(if person)</i>	Relationship <i>(if person)</i>	% Allocation
Executor's or trustee's name <i>(if estate or trust)</i>	Trust date <i>(if trust)</i>	Birth date <i>(of beneficiary)</i>	
Address <i>(of person beneficiary, executor, trustee, or other)</i>	City	State      ZIP	

Full name <i>(of person, estate, trust, or other)</i>	Full SSN <i>(if person)</i>	Relationship <i>(if person)</i>	% Allocation
Executor's or trustee's name <i>(if estate or trust)</i>	Trust date <i>(if trust)</i>	Birth date <i>(of beneficiary)</i>	
Address <i>(of person beneficiary, executor, trustee, or other)</i>	City	State      ZIP	

Full name <i>(of person, estate, trust, or other)</i>	Full SSN <i>(if person)</i>	Relationship <i>(if person)</i>	% Allocation
Executor's or trustee's name <i>(if estate or trust)</i>	Trust date <i>(if trust)</i>	Birth date <i>(of beneficiary)</i>	
Address <i>(of person beneficiary, executor, trustee, or other)</i>	City	State      ZIP	

Full name <i>(of person, estate, trust, or other)</i>	Full SSN <i>(if person)</i>	Relationship <i>(if person)</i>	% Allocation
Executor's or trustee's name <i>(if estate or trust)</i>	Trust date <i>(if trust)</i>	Birth date <i>(of beneficiary)</i>	
Address <i>(of person beneficiary, executor, trustee, or other)</i>	City	State      ZIP	

**Total primary beneficiary allocation: 100%**

**Note:** If you need additional space to designate beneficiaries, please attach a separate sheet with your name, Social Security number, signature, date, the name of the Death Benefit(s), and information about your additional primary and/or secondary beneficiaries, including the allocation percentage.



# Beneficiary Designation Form

**2. Your secondary beneficiary(ies):**  
Your secondary beneficiary or beneficiaries receive payment only if all primary beneficiaries predecease you.

Full name <i>(of person, estate, trust, or other)</i>	Full SSN <i>(if person)</i>	Relationship <i>(if person)</i>	% Allocation
Executor's or trustee's name <i>(if estate or trust)</i>	Trust date <i>(if trust)</i>	Birth date <i>(of beneficiary)</i>	
Address <i>(of person beneficiary, executor, trustee, or other)</i>	City	State      ZIP	

Full name <i>(of person, estate, trust, or other)</i>	Full SSN <i>(if person)</i>	Relationship <i>(if person)</i>	% Allocation
Executor's or trustee's name <i>(if estate or trust)</i>	Trust date <i>(if trust)</i>	Birth date <i>(of beneficiary)</i>	
Address <i>(of person beneficiary, executor, trustee, or other)</i>	City	State      ZIP	

Full name <i>(of person, estate, trust, or other)</i>	Full SSN <i>(if person)</i>	Relationship <i>(if person)</i>	% Allocation
Executor's or trustee's name <i>(if estate or trust)</i>	Trust date <i>(if trust)</i>	Birth date <i>(of beneficiary)</i>	
Address <i>(of person beneficiary, executor, trustee, or other)</i>	City	State      ZIP	

Full name <i>(of person, estate, trust, or other)</i>	Full SSN <i>(if person)</i>	Relationship <i>(if person)</i>	% Allocation
Executor's or trustee's name <i>(if estate or trust)</i>	Trust date <i>(if trust)</i>	Birth date <i>(of beneficiary)</i>	
Address <i>(of person beneficiary, executor, trustee, or other)</i>	City	State      ZIP	

**Total secondary beneficiary allocation: 100%**

**Note:** If you need additional space to designate beneficiaries, please attach a separate sheet with your name, Social Security number, signature, date, the name of the Death Benefit(s), and information about your additional primary and/or secondary beneficiaries, including the allocation percentage.



## Beneficiary Designation Form

### Authorization

I understand that this beneficiary designation will become effective when the Board of Pensions receives and approves this form and that it will remain in effect until a new Beneficiary Designation form signed by me is received at the Board of Pensions.

I further understand that in the event of a dispute as to the eligible beneficiaries at the time of my death, the determination of the Board of Pensions will be final and conclusive. I do hereby, for myself, my beneficiaries, heirs, executors, and administrators, release the Board of Pensions from any and all liability for any and all payments that may be made as a result of and in accordance with this Beneficiary Designation form.

I certify that the information on this form is complete and accurate.

Member's signature *(required)*

Date *(mm/dd/yyyy)*

### Former Board of Pensions employees mail or fax this completed form to

The Board of Pensions of the Presbyterian Church (U.S.A.)

Attn: Human Resources,

2000 Market Street, Philadelphia, PA 19103-3298

Fax: 215-587-6215

[hrbenefits@pensions.org](mailto:hrbenefits@pensions.org)

### Mail, fax, or email this completed form to: The Board of Pensions of the Presbyterian Church (U.S.A.)

**Mail to:**

2000 Market Street  
Philadelphia, PA 19103-3298

**Fax to:**

215-587-6215

**Email to:**

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