



This is:  an initial designation  a change to an existing designation

The beneficiary designations made on this Beneficiary Designation Form apply to the plan or plans indicated below. If you wish to make different beneficiary designations for different plans, you should complete a separate Beneficiary Designation Form for each plan.

Check	Plan Name	Account No.
<input type="checkbox"/>	Pension Plan*	
<input type="checkbox"/>	Tax-Deferred Retirement Account	
<input type="checkbox"/>	Traditional IRA	
<input type="checkbox"/>	Roth IRA	
<input type="checkbox"/>	Benefit Accumulation Account	

\*Generally, the terms of the Pension Plan govern how death benefits will be paid. However, when the terms of the Pension Plan direct death benefits be paid to your designated beneficiary (for example, in the event that you die without a surviving spouse, surviving children, or dependent parents), the Pensioner Death Benefit, the Salary Continuation Benefit and the Death Settlement, as applicable, will be paid to the beneficiary(ies) you designate on this Form.

**- PLEASE TYPE OR PRINT CLEARLY -**

**I. MEMBER/OWNER/ACCOUNT HOLDER INFORMATION**

Member/Owner/Account Holder Name \_\_\_\_\_ Member Ref. No. \_\_\_\_\_  
(first) (middle) (last/family name)

Check here if there has been a change to your contact information on file.

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Country \_\_\_\_\_ Zip Code \_\_\_\_\_ - \_\_\_\_\_

Daytime Phone Number ( \_\_\_\_\_ ) E-Mail Address \_\_\_\_\_

**II. BENEFICIARY INFORMATION [COMPLETE ONLY IF MEMBER/OWNER/ACCOUNT HOLDER IS DECEASED]**

Beneficiary Name \_\_\_\_\_ Social Security No./ITIN \_\_\_\_\_  
(first) (middle) (last/family name)

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Country \_\_\_\_\_ Zip Code \_\_\_\_\_ - \_\_\_\_\_

Daytime Phone Number ( \_\_\_\_\_ ) Work Phone Number ( \_\_\_\_\_ ) Cell Phone Number ( \_\_\_\_\_ )

E-Mail Address \_\_\_\_\_

Relationship to Deceased \_\_\_\_\_ Date of Death \_\_\_\_/\_\_\_\_/\_\_\_\_

**III. DESIGNATION OF BENEFICIARIES**

Designate the person, trust or entity you choose to receive any benefits payable in the event of your death. If you designate a trust as a beneficiary, include the trust's name and address, the date the trust was created, and the trustee's name. You are not limited to three primary and three contingent beneficiaries. To designate additional beneficiaries, please attach and sign a separate piece of paper stating the additional names and identifying information.

Unless otherwise indicated, death benefits will be paid in equal shares to your primary beneficiaries who are living at the time of your death. If no primary beneficiary is living at your death, unless otherwise indicated, death benefits will be paid in equal shares to your contingent beneficiaries who are living at the time of your death. If you name multiple primary or contingent beneficiaries, and one of them predeceases you, the percentage of that beneficiary's designated share shall be divided equally amongst the surviving primary or contingent beneficiaries, as applicable.

**IMPORTANT: If you are a: (i) Pension Plan or TDRA member who is single; (ii) Traditional or Roth IRA owner; (iii) a BA Account holder; (iv) a TDRA spouse beneficiary; or (v) a Traditional or Roth IRA spouse or non-spouse beneficiary, and you do not elect a beneficiary or if your beneficiaries named on this Beneficiary Designation Form fail to survive you, your benefits will be paid to your estate. If you are a Pension Plan or TDRA member who is married, and you do not elect a beneficiary or your beneficiaries named on this Beneficiary Designation Form fail to survive you, your benefits will be paid to your surviving spouse. Failure to include a social security number and current contact information for each designated beneficiary, if applicable, may delay distributions at your death.**

<b>Primary Beneficiaries</b> <i>The total percentage to all primary beneficiaries must equal 100%.</i>	<b>Percentage of Benefit</b>
Individual or Trust Name _____ <small>(first, middle, last/family name)</small> Mailing Address _____ <small>(street, city, state, zip code)</small> Primary Phone (____) _____ Relationship to Member/Trustee Name _____ Social Security No./ITIN ____-____-____ Birth or Trust Date ____/____/____	_____%
Individual or Trust Name _____ <small>(first, middle, last/family name)</small> Mailing Address _____ <small>(street, city, state, zip code)</small> Primary Phone (____) _____ Relationship to Member/Trustee Name _____ Social Security No./ITIN ____-____-____ Birth or Trust Date ____/____/____	_____%
Individual or Trust Name _____ <small>(first, middle, last/family name)</small> Mailing Address _____ <small>(street, city, state, zip code)</small> Primary Phone (____) _____ Relationship to Member/Trustee Name _____ Social Security No./ITIN ____-____-____ Birth or Trust Date ____/____/____	_____%
Individual or Trust Name _____ <small>(first, middle, last/family name)</small> Mailing Address _____ <small>(street, city, state, zip code)</small> Primary Phone (____) _____ Relationship to Member/Trustee Name _____ Social Security No./ITIN ____-____-____ Birth or Trust Date ____/____/____	_____%
<b>Contingent Beneficiaries</b> If all of your primary beneficiary(ies) die before you, any benefits payable in the event of your death will be paid to your contingent beneficiary(ies). <i>The total percentage to all contingent beneficiaries must equal 100%.</i>	<b>Percentage of Benefit</b>
Individual or Trust Name _____ <small>(first, middle, last/family name)</small> Mailing Address _____ <small>(street, city, state, zip code)</small> Primary Phone (____) _____ Relationship to Member/Trustee Name _____ Social Security No./ITIN ____-____-____ Birth or Trust Date ____/____/____	_____%
Individual or Trust Name _____ <small>(first, middle, last/family name)</small> Mailing Address _____ <small>(street, city, state, zip code)</small> Primary Phone (____) _____ Relationship to Member/Trustee Name _____ Social Security No./ITIN ____-____-____ Birth or Trust Date ____/____/____	_____%
Individual or Trust Name _____ <small>(first, middle, last/family name)</small> Mailing Address _____ <small>(street, city, state, zip code)</small> Primary Phone (____) _____ Relationship to Member/Trustee Name _____ Social Security No./ITIN ____-____-____ Birth or Trust Date ____/____/____	_____%

**IV. SPOUSAL CONSENT [DO NOT COMPLETE FOR PENSION PLAN DESIGNATIONS]**

If you reside or have resided in a community or marital property state (which may include, but are not necessarily limited to, AZ, CA, ID, LA, NV, NM, PR, TX, WA, and WI) and you are married, your spouse may need to complete this Section III in order for you to name any one other than, or in addition to, your spouse as a beneficiary. If you are not currently married and you become married in the future, you must complete a new Beneficiary Designation Form. It is your responsibility to determine if this Section III applies and to determine if the spousal consent language below is sufficient to satisfy applicable state statutes. Your state may require this Form to be signed in the presence of a Notary Public. **IMPORTANT: If you reside in a community or marital property state and you do not secure spousal consent in accordance with your state's statutes, any beneficiary you designate in Section II other than your spouse may not be valid.**

**SPOUSAL CONSENT.** I am the spouse of the member/owner/account holder or the beneficiary. Due to the important tax consequences of giving up my interest in the funds covered by this Beneficiary Designation Form, I have been advised to see a tax or legal professional. I hereby voluntarily and irrevocably give the member/owner/account holder any community property or marital interest I have in the funds covered by this Beneficiary Designation Form and consent to the beneficiary designation(s) indicated above. I assume full responsibility for this consent.

Spouse Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Printed Name \_\_\_\_\_

**Please have completed if your spouse's signature must be acknowledged by a Notary Public:**

STATE OF \_\_\_\_\_)

COUNTY OF \_\_\_\_\_)

On this \_\_\_\_\_ day of \_\_\_\_\_, personally appeared before me the above named \_\_\_\_\_, personally known to me, who, being duly sworn, deposes and says that he or she voluntarily executed the foregoing consent.

Notary Public Signature \_\_\_\_\_ (SEAL)

My commission expires \_\_\_\_/\_\_\_\_/\_\_\_\_

**V. MEMBER/OWNER/ACCOUNT HOLDER/BENEFICIARY CERTIFICATION AND SIGNATURE**

I designate the person(s) or entity(ies) named on this Beneficiary Designation Form as beneficiaries for the plans indicated. I reserve the right to revoke this designation at any time by submitting a new Beneficiary Designation Form. This Beneficiary Designation Form shall replace any prior beneficiary designation. I understand that this Beneficiary Designation Form shall not be effective until I have signed it and it has been received by Pension Fund. I further understand that this Beneficiary Designation Form will remain in effect until I complete, sign, and submit an updated Beneficiary Designation Form to Pension Fund at a later date, and said Form is received by Pension Fund. I certify that I have secured spousal consent if I have named a beneficiary other than, or in addition to, my spouse to the extent that I reside in a community or marital property state and am required to secure such consent by state law with respect to all or a portion of my benefit. I assume complete responsibility for all consequences if I fail to obtain any required consent.

Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**IMPORTANT: PLEASE RETAIN A COPY OF THIS BENEFICIARY DESIGNATION FORM FOR YOUR RECORDS.**

**Pension Fund of the Christian Church**  
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