

Death Benefits Beneficiary Designation

Use this form to designate the beneficiary or beneficiaries to receive death benefits (**Salary Continuation Benefit**) payable at your death. To change or revoke this designation, send a new form to the Board of Pensions. You are eligible for this benefit if you are an active or disabled member, or if you are a terminated vested or retired member who meets the Rule of 70. See the *Death Benefits product sheet (PTS-609)*, available at Pensions.org, for further information.

A Your Personal Information

Name *(first, middle, last)*

SSN

I am *(check one)*: Active Disabled Terminated vested and meet Rule of 70 Retired

B Beneficiary Designation

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.

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 remaining surviving children. If no allocations are specified, the benefit will be divided equally among the primary beneficiaries.

In the event that a beneficiary designation is found to be incomplete or uncertain at the time of your death, the benefit will be paid to your estate.

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.

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 100 percent (use whole percentages: e.g., 34%, not 33.3%)**.

1. Your primary beneficiary

Name the primary beneficiary or beneficiaries to receive any benefits due under the Salary Continuation Benefit 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

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 words "Salary Continuation Benefit," and information about your additional primary and/or secondary beneficiaries, including the allocation percentage.

2. Your secondary beneficiary

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
Total secondary beneficiary allocation: 100%			

C 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 Death Benefits 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 Death Benefits Beneficiary Designation form.

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

Signature of Member *(required)*

Date *(mm/dd/yy)*

Mail or FAX this completed form to:

The Board of Pensions of the Presbyterian Church (U.S.A.)
 2000 Market Street, Philadelphia, PA 19103-3298
 800-773-7752 (800-PRESPLAN) FAX: 215-587-6215
 Pensions.org