

## Salary Continuation Benefit Beneficiary Designation

This form is to be used to designate the beneficiary(ies) to receive your Salary Continuation Benefit payable in the event of your death. This designation can be changed or revoked at any time by sending a new form to the Board of Pensions. You are eligible for this benefit if you are an active, disabled, or retired member. **If retired, please complete form DBN-001 instead of this form. Please read important information and instructions on the reverse side before completing this form.**

### **A Member Information** *(Please print clearly and complete all information.)*

Name <i>(first, middle, last)</i>		SSN	
Address	City	State	Zip
( )	( )		
Daytime phone	Home phone		

### **B Beneficiary Designation**

I hereby make the following designation for the distribution of any Salary Continuation Benefit payable at the time of my death **(please use whole percentages; e.g. 34% not 33.3%)**. **The percentages you specify for your beneficiaries must total 100%.**

#### **Primary Beneficiary(ies):**

Name <i>(first, middle, last)</i>	SSN	Relationship	% Allocation
Address	City	State	Zip
Name <i>(first, middle, last)</i>	SSN	Relationship	% Allocation
Address	City	State	Zip
Name <i>(first, middle, last)</i>	SSN	Relationship	% Allocation
Address	City	State	Zip
<b>Total primary beneficiary allocation: 100%</b>			

#### **Secondary Beneficiary(ies):**

Name <i>(first, middle, last)</i>	SSN	Relationship	% Allocation
Address	City	State	Zip
Name <i>(first, middle, last)</i>	SSN	Relationship	% Allocation
Address	City	State	Zip
Name <i>(first, middle, last)</i>	SSN	Relationship	% Allocation
Address	City	State	Zip
<b>Total secondary beneficiary allocation: 100%</b>			

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 on your additional primary and/or secondary beneficiaries, including allocation percentage.

### **C Authorization**

I understand that this beneficiary designation will become effective upon receipt of this Salary Continuation Benefit Beneficiary Designation form at the Board of Pensions and that it will remain in effect until a new Salary Continuation Benefit 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 beneficiary(ies) 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 Salary Continuation Benefit Beneficiary Designation form.

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

Member signature <i>(REQUIRED)</i>	Date <i>(mm/dd/yy)</i>
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## Instructions

This form must be typed or printed in ink, signed, and dated, or the form will be returned to you. If you make any corrections to your written information, you must initial the changes. Your form will be returned unprocessed if it is incomplete, is completed in pencil, or contains changes that are not initialed.

**Part A:** Fill in your name, full address, Social Security number, and daytime phone number.

**Part B:** Fill in the name, full address, Social Security number, and relationship of your beneficiaries and the percentage of the benefit you wish them to receive.

**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 on your additional primary and/or secondary beneficiaries, including allocation percentage.

**Part C:** Sign and date the form.

### About the Salary Continuation Benefit

The Salary Continuation Benefit, described in Article X, Death Benefits, of the Benefits Plan, is paid upon the death of an active, disabled, or retired Plan Member. Upon the death of an active or disabled member, his or her death benefit basis is continued for one year to the member's beneficiaries. If a member dies within the first three years of retirement from an active or disabled status, a percentage of his or her death benefit basis (before retirement) is continued for one year.

If a member dies after the third year of retirement, or if the member retired from an inactive status, the minimum benefit of \$6,000 is paid to the member's beneficiary(ies).

### Eligibility

You are eligible for the Salary Continuation Benefit if you are an active, disabled, or retired member of the Benefits Plan. The amount of the benefit will depend on your status as of your date of death.

**Note:** The Salary Continuation Benefit is separate from the Survivor's Pension, which is explained in Article IX, Survivor's Pension, of the Benefits Plan. Please refer to Article X, Death Benefits, of the Benefits Plan for more information.

### Beneficiaries

You may name any person, institution, or trust as a beneficiary.

Your beneficiaries do not have to be dependents or relatives. All beneficiaries must be named individually; we cannot accept a designation such as "all my children equally." To designate a trust as a beneficiary, please include the name and date of the trust, and the name of the trustee(s). If you wish to add or delete beneficiaries at a later date, you must complete a new form.

To divide the benefits among the beneficiaries, the percentages must total 100% and must be in whole percentages (example, 34% not 33.3%).

## Primary Beneficiaries

Your Primary Beneficiary(ies) are the individual(s), institution(s), and/or trust(s) you name to receive the Salary Continuation Benefit payable upon your death. If you name more than one Primary Beneficiary, the benefit will be divided among the Primary Beneficiaries you name in the proportions you specify. If no proportions are specified, the benefit will be divided equally among the Primary Beneficiaries. To divide the benefits among the beneficiaries, the percentages must total 100% and must be in whole percentages (example, 34% not 33.3%). If the percentages you specify for your Primary Beneficiaries do not total 100% using whole numbers, your form is invalid and will be returned to you.

If one or more of your Primary Beneficiaries should predecease you, the Salary Continuation Benefit will be divided proportionately among the surviving Primary Beneficiaries.

If all of your Primary Beneficiaries predecease you, the Salary Continuation Benefit will be paid to your Secondary Beneficiaries.

## Secondary Beneficiaries

Your Secondary Beneficiaries are the individuals, institutions, and/or trust(s) you name to receive the Salary Continuation Benefit payable upon your death if none of your Primary Beneficiaries is alive or in existence at the time of your death.

If none of your Primary Beneficiaries survives you, then your Secondary Beneficiaries will receive the Salary Continuation Benefit.

The benefit will be divided among your Secondary Beneficiaries in the proportions you specify. If no proportions are specified, the benefit will be divided equally among the Secondary Beneficiaries.

To divide the benefits among the beneficiaries, the percentages must total 100% and must be in whole percentages (example, 34% not 33.3%).

If the percentages you specify for your Secondary Beneficiaries do not total 100% using whole numbers, your form is invalid and will be returned to you.

If one or more of your Secondary Beneficiaries predecease you, the benefit will be divided proportionately among your remaining Secondary Beneficiaries.

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### 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