

Supplemental Death Benefits Beneficiary Designation

If you are enrolled in this optional program under the Benefits Plan of the Presbyterian Church (U.S.A.), use this form to designate the beneficiary or beneficiaries to receive the Supplemental Death Benefits payable at your death. To change or revoke this designation, send a new form to the Board of Pensions.

Type or print clearly in ink, and sign and date this form. Initial any change in your written information. If your form is incomplete or not completed correctly, the Board returns your form without processing it.

A Your Personal Information

Name	SSN	
Address		
City	State	Zip
Phone ()	Email	

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 to the remaining surviving children. If no proportions 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 proportions you specify. If no proportions 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(ies):

Name the primary beneficiary or beneficiaries to receive any benefits due under the Supplemental Death Benefits program 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

Total primary beneficiary allocation: 100%

Your secondary beneficiary(ies):

Your secondary beneficiary(ies) 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%

Note: If you need additional space to designate beneficiaries, please attach a separate sheet with your name, Social Security number, signature, date, the words "Supplemental Death Benefits," and information about your additional primary and/or secondary beneficiaries, including the allocation percentage.

I understand that this beneficiary designation becomes effective when the Board of Pensions receives and approves this form and remains effective until the Board of Pensions receives and approves a new form. I further understand that in the event of a dispute about the eligible beneficiaries at my death, the determination of the Board of Pensions is 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 form.

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

Signature of member *(required)*

Date *(mm/dd/yy)*

Please 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
www.pensions.org