



### UPDATE OF BENEFICIARY REQUEST FORM

BEN206

PERSONAL INFORMATION:  Reverend  Dr.  Mr.  Mrs.  Ms. (PLEASE TYPE OR PRINT)

Name: First: \_\_\_\_\_ MI: \_\_\_\_ Last: \_\_\_\_\_ Member/Ministerial File No.: \_\_\_\_\_

Home Address: \_\_\_\_\_ U. S. Citizen:  Yes  No

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Telephone No.: \_\_\_\_\_ Soc. Sec. No.: \_\_\_\_\_

E-mail address: \_\_\_\_\_@\_\_\_\_\_

Marital Status:  Married  Single  Widow/Widower Gender:  Male  Female

**I HEREBY UPDATE MY PRIMARY BENEFICIARY INFORMATION:** *(Must be spouse if married unless waiver filed):*

Name: First: \_\_\_\_\_ MI: \_\_\_\_ Last: \_\_\_\_\_ Social Security # \_\_\_\_\_

Address: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Relationship \_\_\_\_\_

**FURTHER, I HEREBY UPDATE THE SECONDARY BENEFICIARY(IES) FOR ANY PROCEEDS PAYABLE UPON MY DEATH:**

Name: First: \_\_\_\_\_ MI: \_\_\_\_ Last: \_\_\_\_\_ Social Security # \_\_\_\_\_

Address: \_\_\_\_\_ Relationship \_\_\_\_\_

Share \_\_\_\_\_%

Name: First: \_\_\_\_\_ MI: \_\_\_\_ Last: \_\_\_\_\_ Social Security # \_\_\_\_\_

Address: \_\_\_\_\_ Relationship \_\_\_\_\_

Share \_\_\_\_\_%

Name: First: \_\_\_\_\_ MI: \_\_\_\_ Last: \_\_\_\_\_ Social Security # \_\_\_\_\_

Address: \_\_\_\_\_ Relationship \_\_\_\_\_

Share \_\_\_\_\_%

Name: First: \_\_\_\_\_ MI: \_\_\_\_ Last: \_\_\_\_\_ Social Security # \_\_\_\_\_

Address: \_\_\_\_\_ Relationship \_\_\_\_\_

Share \_\_\_\_\_%

Name: First: \_\_\_\_\_ MI: \_\_\_\_ Last: \_\_\_\_\_ Social Security # \_\_\_\_\_

Address: \_\_\_\_\_ Relationship \_\_\_\_\_

Share \_\_\_\_\_%

Name: First: \_\_\_\_\_ MI: \_\_\_\_ Last: \_\_\_\_\_ Social Security # \_\_\_\_\_

Address: \_\_\_\_\_ Relationship \_\_\_\_\_

Share \_\_\_\_\_%

**Please Check One:**

If a secondary beneficiary fails to survive me,  his or her share shall go to my other secondary beneficiaries in equal share  
**OR**  his or her share shall be divided among the deceased beneficiary's heirs by right of representation.

(For additional beneficiaries, please attach a paper with full name, address, social security number, share amount, and relationship of each.)

Signature \_\_\_\_\_

Date \_\_\_\_\_