

**DESIGNATION OF NON-SPOUSAL PRIMARY BENEFICIARY**

**TRADITIONAL, BEFORE-TAX ACCOUNT**

**ROTH 403(b) AFTER-TAX ACCOUNT**

**BEN210 (02/24)**

In certain situations, it is possible that you could die before receiving all of your benefits under the Church of God Ministers' Retirement Plan (the "Plan"). The Plan provides that if you die and leave a surviving spouse, any remaining Plan benefits will automatically be paid to your spouse, unless you have designated someone else as your primary beneficiary. **USE THIS FORM ONLY IF YOU WISH TO DESIGNATE SOMEONE OTHER THAN YOUR SPOUSE AS A PRIMARY BENEFICIARY** to receive any remaining Plan benefits following your death. This form should also be used if you would like to designate a trust as your primary beneficiary.

**MEMBER PERSONAL INFORMATION:**

Name: \_\_\_\_\_ Member/Ministerial File No.: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Soc. Sec. No.: \_\_\_\_\_ Telephone No.: \_\_\_\_\_  
E-mail address: \_\_\_\_\_@\_\_\_\_\_

**BY SIGNING THIS FORM, YOUR SPOUSE WAIVES THEIR RIGHT TO BE THE SOLE BENEFICIARY AT YOUR DEATH OF THE REMAINING BALANCE OF YOUR MINISTERS' RETIREMENT PLAN ACCOUNT.**

On the next page, you may list multiple primary beneficiaries, as well as multiple secondary beneficiaries. You should list at least one primary beneficiary and at least one secondary beneficiary. Secondary beneficiaries will receive nothing unless all primary beneficiaries are deceased. (NOTE: You may name your spouse as one of your primary beneficiaries, or in the alternative, as a secondary beneficiary.)

**SIGNATURES:**

Member's signature \_\_\_\_\_ Date \_\_\_\_\_  
Spouse's signature \_\_\_\_\_ Date \_\_\_\_\_

**SUBSCRIBED AND AFFIRMED TO AND BEFORE ME, BOTH PARTIES SIGNING ABOVE,**

this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_. \_\_\_\_\_ State \_\_\_\_\_ County \_\_\_\_\_

\_\_\_\_\_  
Notary Public

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

Note: This form supercedes all other beneficiary designation forms previously filed.

