



### UPDATE OF BENEFICIARY REQUEST FORM

TRADITIONAL, BEFORE-TAX ACCOUNT

ROTH 403(b) AFTER-TAX ACCOUNT

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. Do not list them on this form.

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

Signature \_\_\_\_\_

Date \_\_\_\_\_