



CHANGE / UPDATE OF BENEFICIARY REQUEST FORM

TRADITIONAL, BEFORE-TAX ACCOUNT

ROTH 403(b) AFTER-TAX ACCOUNT

BEN201A

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

PRIMARY BENEFICIARY

(If married, must be spouse unless waiver filed)

Name: First: _____ MI: _____ Last: _____ Social Security # _____

Address: _____ Date of Birth _____

Relationship _____

SECONDARY BENEFICIARY (IES)

(NOTE: Secondary beneficiaries inherit your account only if the primary beneficiary is deceased. If you would like to name multiple primary beneficiaries and your spouse is deceased or has signed a waiver, please list those beneficiaries below. Please note the percentage that each beneficiary should receive if more than one is named.)

Name: First: _____ MI: _____ Last: _____ Social Security # _____

Address: _____ Relationship _____

Share _____% Telephone (____) _____

Name: First: _____ MI: _____ Last: _____ Social Security # _____

Address: _____ Relationship _____

Share _____% Telephone (____) _____

Name: First: _____ MI: _____ Last: _____ Social Security # _____

Address: _____ Relationship _____

Share _____% Telephone (____) _____

Name: First: _____ MI: _____ Last: _____ Social Security # _____

Address: _____ Relationship _____

Share _____% Telephone (____) _____

Name: First: _____ MI: _____ Last: _____ Social Security # _____

Address: _____ Relationship _____

Share _____% Telephone (____) _____

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, telephone number, share amount, and relationship of each.)

Signature _____

Date _____