



Instructions for Completing the Designation of Beneficiary for Retirement Plans - Participant

Please read the instructions before completing the form. If you have any questions about making a beneficiary designation, call the General Board of Pension and Health Benefits (General Board) at 1-800-851-2201.

You must complete this form any time you want to change your beneficiary designation. You may want to review your designation each time there is a change in your family status, such as a birth, marriage, divorce or death.

Beneficiary Guidelines

- A **primary beneficiary** is the person(s) you choose to receive your benefits if you die before receiving a distribution of your entire account balance. Your primary beneficiary may be one person, more than one person, a trust or other legal entity. If a primary beneficiary does not survive you, the remaining primary beneficiary(ies) will receive any eligible benefits upon your death (in equal shares unless you otherwise specify).

If you are married, the plan(s) requires your spouse to be your primary beneficiary (no matter whom you designate), unless your spouse consents in writing to another beneficiary choice. Your spouse's consent must be witnessed by a Notary Public. Your spouse must consent when the beneficiary form is filed in the case of the Ministerial Pension Plan (MPP). Your spouse may consent after your death in the case of the United Methodist Personal Investment Plan (UMPIP), the Clergy Retirement Security Program (CRSP) and the Retirement Security Program for General Agencies (RSP).
- A **secondary beneficiary** is an alternate person(s) you name to receive your benefits if your primary beneficiary(ies) dies before you. If no primary beneficiary survives you and no secondary beneficiary is named (or survives you), payment will be made in accordance with the terms and conditions of the plan(s).
- **Important:** If you are single and do not designate a beneficiary, your benefits will be paid to your estate. If you are married and do not designate a beneficiary, your benefits will be paid to your spouse.
- **Note** that your beneficiary designation does not apply to your annuity from MPP (or any annuities being paid to you from other General Board plans) or to your monthly benefits from the defined benefit portion of CRSP or RSP. When you apply for an annuity or monthly defined benefit, you may have the opportunity to designate an irrevocable contingent annuitant under the plan rules. If you die after the annuity or benefit has begun, benefits will not be paid to your beneficiary, but may be payable to your contingent annuitant, if any, if certain plan requirements are met.
- For specific legal implications regarding beneficiary designations, contact your attorney.

How to Complete this Form

Part 1 – Participant Information. Please complete all applicable information.

Part 2 – Marital Status. Please complete all applicable information.

Part 3 – Plan Designation. If you mark the “All Plans” box, this beneficiary designation will apply to all General Board retirement plans (except the Horizon 401(k) Plan) in which you are enrolled or have account balances. If no plans are marked, this beneficiary designation will apply to all current and future retirement plans in which you are enrolled or have account balances. If you want to choose different beneficiaries for different plans, you must submit a designation of beneficiary form for each plan. The plan definitions are as follows:

- United Methodist Personal Investment Plan (UMPIP) – A retirement plan available to lay employees and clergy.
- Clergy Retirement Security Program (CRSP) – Provides retirement benefits for certain United Methodist clergy, effective January 1, 2007.

- Retirement Security Program for General Agencies (RSP) – Provides retirement benefits for lay employees of United Methodist general agencies, effective January 1, 2007.
- Ministerial Pension Plan (MPP) – Provides benefits for Bishops through August 31, 2008.

Part 4 – Beneficiary Designation for Retirement Plans.

- All beneficiary designations must be typed or written legibly in ink.
- The beneficiary’s name must always be shown in full and the relationship to you must be stated. If the beneficiary you choose is not related to you, the relationship to you should be “friend.” Without the full name of the beneficiary, the designation of beneficiary form will be invalid.
- The beneficiary section should never contain corrections or crossed out words. If you do make a mistake, you will have to complete another form. You may wish to make a copy of the blank form before you fill it out so that you will have a spare.
- The beneficiary designation must be specific. Do not include wording such as “either/or” or “and/or.”
- Naming a primary beneficiary – Be sure to include the beneficiary’s full name and address, relationship to you, Social Security number and date of birth. If more than one primary beneficiary is named, you must indicate the percentage of the benefit payable to each beneficiary. These percentages must be in whole numbers of not less than one percent and cannot total more than 100%. If no share percentages are specified for the listed beneficiaries, all listed beneficiaries will receive equal percentages.
- Naming a secondary beneficiary – Be sure to include the beneficiary’s full name and address, relationship to you, Social Security number and date of birth. If more than one secondary beneficiary is named, you must indicate the percentage of the benefit payable to each beneficiary. These percentages must be in whole numbers of not less than one percent and cannot total more than 100%. If no share percentages are specified for the listed beneficiaries, all listed beneficiaries will receive equal percentages.
- If you name a trust, you must provide the trust’s name and address, the date of the trust, the trustee’s name and the trustee’s fiduciary capacity (e.g., “John Doe, not personally, but as trustee of the Jane Doe Trust, executed January 1, 2000, or his successor in interest.”)
- If your beneficiary choices do not fit within the space provided on the form, check the box at the bottom of Part 4 of the form, write the additional information on a separate signed and dated sheet of paper, and staple it to the form.

Example of Part 4: Beneficiary Designation for Primary and Secondary

Primary Beneficiary(ies) Designation for Retirement Plans. If you are married at the time of your death, your spouse will be your primary beneficiary unless your spouse consents by signing in Part 5.			
Name	<u>Doe</u> <small>Last name</small>	<u>Jane</u> <small>First name</small>	<u>B</u> <small>Middle initial</small>
Relationship	<u>Spouse</u>		
Address	<u>1234 Anywhere Street</u>		
	<u>Any Town, State, Zip code</u>		
Share or percent of benefit	<u>100%</u>		
Social security #	<u>999-99-9999</u>		
Phone # (<u>123</u>)	<u>456-7890</u>		
Birthdate	<u>04/03/1971</u>		
Gender:	<input type="checkbox"/> Male <input checked="" type="checkbox"/> Female		
Secondary Beneficiary(ies) Designation for Retirement Plans.			
Name	<u>Doe</u> <small>Last name</small>	<u>Jack</u> <small>First name</small>	<u>G</u> <small>Middle initial</small>
Relationship	<u>Son</u>		
Address	<u>1234 Anywhere Street</u>		
	<u>Any Town, State, Zip code</u>		
Share or percent of benefit	<u>50%</u>		
Social security #	<u>555-55-5555</u>		
Phone # (<u>123</u>)	<u>456-7890</u>		
Birthdate	<u>02/17/1994</u>		
Gender:	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female		
Name	<u>Doe</u> <small>Last name</small>	<u>Jill</u> <small>First name</small>	<u>F</u> <small>Middle initial</small>
Relationship	<u>Daughter</u>		
Address	<u>1234 Anywhere Street</u>		
	<u>Any Town, State, Zip code</u>		
Share or percent of benefit	<u>50%</u>		
Social security #	<u>333-33-3333</u>		
Phone # (<u>123</u>)	<u>456-7890</u>		
Birthdate	<u>09/22/1998</u>		
Gender:	<input type="checkbox"/> Male <input checked="" type="checkbox"/> Female		

continued

Part 5 – Spousal Consent. If you are married and have designated any person other than or in addition to your spouse as your 100% primary beneficiary, you are required to obtain the written consent of your spouse, witnessed by a Notary Public. Without such consent, the designation of beneficiary form will be invalid and payment of your account balance will be made to your spouse upon your death, in accordance with plan provisions. In the case of MPP, your spouse's consent must accompany the form when it is filed. In the case of UMPIP, CRSP and RSP, your spouse's consent may be supplied at any time, even after your death (if you are married at your death). Your spouse may consent only to the specific beneficiary(ies) you have named or to any beneficiary(ies) you may ever choose to name.

Part 6 – Participant Signature. Without your signature and the date, the designation beneficiary form will be invalid.

Please make a copy of the form for your files and mail the original to the General Board address on the form.



Designation of Beneficiary for Retirement Plans - Participant

Part 1 - Participant Information

Name _____ Social Security # _____
Mailing address _____ Daytime phone # (____) _____
_____ E-mail _____

Part 2 - Marital Status

Marital Status: Not married
 Married, date _____
 Married but legally separated, date _____
Please attach appropriate court-ordered documentation supporting legal separation.
 Spouse deceased, date _____

Spouse name _____ Spouse Social Security # _____
Last name First name Middle initial
Spouse birthdate _____

Part 3 - Plan Designation. The designations you make on this form apply to the plans you check below.

All Plans Ministerial Pension Plan (MPP) for Bishops
 United Methodist Personal Retirement Security Program for General Agencies (RSP)
Investment Plan (UMPIP) Clergy Retirement Security Program (CRSP)

Part 4 - Beneficiary Designation for Retirement Plans

- If you are single and do not elect a beneficiary, your retirement benefits will be paid to your estate.
- If you are married and do not elect a beneficiary, your retirement benefits will be paid to your surviving spouse.

Primary Beneficiary(ies) Designation for Retirement Plans. If you are married at the time of your death, your spouse will be your primary beneficiary unless your spouse consents by signing in Part 5.

Name _____ Relationship _____
Last name First name Middle initial
Address _____ Social Security # _____
_____ Phone # (____) _____
Share or percent of benefit _____ Birthdate _____
Gender: Male Female

Name _____ Relationship _____
Last name First name Middle initial
Address _____ Social Security # _____
_____ Phone # (____) _____
Share or percent of benefit _____ Birthdate _____
Gender: Male Female

Secondary Beneficiary(ies) Designation for Retirement Plans.

Name _____ Relationship _____
Last name First name Middle initial
Address _____ Social Security # _____
Phone # () _____
Share or percent of benefit _____ Birthdate _____
Gender: Male Female

Name _____ Relationship _____
Last name First name Middle initial
Address _____ Social Security # _____
Phone # () _____
Share or percent of benefit _____ Birthdate _____
Gender: Male Female

Check here if you would like to designate any additional beneficiaries that do not fit within the spaces provided. Please write the additional information on a separate sheet of paper and indicate whether the additional beneficiary(ies) are primary or secondary. Sign and date the page, and staple it to this form.

Part 5 – Spousal Consent

I consent to (check one):

- The specific beneficiary(ies) named on this form. (If your spouse later changes the beneficiary(ies), your consent will be revoked.)
- Any beneficiary(ies) my spouse has named on this form or may ever name on a later form. (If your spouse later changes the beneficiary(ies) your consent will not be revoked.)

I hereby acknowledge that I understand: (1) that the effect of such designation is to cause my spouse's death benefit to be paid to a beneficiary other than or in addition to me; (2) that each beneficiary designation is not valid unless I consent to it; and (3) that my consent is irrevocable unless my spouse revokes the beneficiary designation. For MPP, spousal consent must accompany this form. For UMPIP, CRSP and RSP, it may accompany this form or it may be supplied after my spouse's death by the surviving spouse, if any.

Spouse signature _____ Date _____

Signed in the presence of _____

Notary Public signature _____ Notary seal _____

Subscribed and sworn before me on this _____

My commission expires _____

Part 6 – Participant Signature

I designate the person(s) named on this form as my primary and/or secondary beneficiary(ies) for the retirement plan(s) indicated. I understand that if any one of my primary beneficiaries is not living when the benefit is paid, the total amount of the benefit will be divided equally among any remaining primary beneficiaries unless I specify another percentage. I also understand that no amount will be paid to a secondary beneficiary as long as any of my primary beneficiaries are living. I reserve the right to revoke this designation at any time by submitting a new designation of beneficiary form with spousal consent, if required. Information provided here shall replace all previous beneficiary designations I have made.

Your signature _____ Date _____

Please make a copy for your records and send the original to the General Board, attention: Data team.