



Instructions for Completing the Designation of Beneficiary for Retirement and Welfare 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 anytime you want to change your beneficiary designation. We suggest you 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 or organization you choose to receive your benefits in the event of your death. Your primary beneficiary may be a person, a trust or other legal entity. You may name more than one primary beneficiary. If a primary beneficiary does not survive you, the remaining primary beneficiary(ies) will receive any eligible benefits upon your death.

Generally, if you are married when you die, your spouse is your primary beneficiary by plan rules and will receive 100% of your benefit. If you are married and wish to designate any person other than or in addition to your spouse as your primary beneficiary, you should obtain your spouse's written consent, witnessed by a notary public. Your spouse may choose to consent either to the specific beneficiary(ies) you have named or to any beneficiary(ies) you may ever choose to name. Without such consent, the plan will pay your entire benefit to your spouse.

- A **secondary beneficiary** is an alternate person or organization you name to receive your benefits if your primary beneficiary(ies) die(s) before you. You may name more than one secondary beneficiary.
- **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.
- **Please note:** Your beneficiary designation does not apply to a lifetime annuity from the Ministerial Pension Plan (MPP), monthly benefits from the defined benefit portion of the Clergy Retirement Security Program (CRSP), monthly benefits from the Pre-82 Plan, monthly benefits from the Collins Pension Plan for Missionaries (Collins Pension Plan) or any lifetime annuities being paid to you from other General Board-administered retirement plans. Generally, when applying for an annuity or a monthly benefit, a contingent annuitant is designated; this is an irrevocable election under the plan rules. If you die after the annuity or benefit has already begun, benefits will be paid to your contingent annuitant, if any, provided certain plan requirements are met. You may, however, designate a beneficiary to receive the remainder of an MPP single-life, period-certain annuity if you do not survive the period certain. If you are a participant in the Collins Pension Plan and not married, you may designate a beneficiary to receive a refund of participant contributions if you terminate or retire prior to becoming vested.
- For specific legal implications regarding beneficiary designations, contact an attorney.

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How to Complete This Form

This form must be typed or written legibly in ink.

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 Retirement Plans” box, this beneficiary designation will apply to all General Board-administered retirement plans 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 or welfare plans in which you are enrolled or have account balances. If you want to choose different beneficiaries for different plans, you must submit a beneficiary designation form for each plan. The plan descriptions are as follows:

Retirement Plans

- **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. CRSP includes any account balance participants may have in the Ministerial Pension Plan (MPP) or a Pre-82 reserve account.
- **Retirement Plan for General Agencies (RPGA)**—Provides retirement benefits for clergy and lay employees of United Methodist general agencies.
- **Collins Pension Plan for Missionaries (Collins Pension Plan)**—Provides monthly benefits to eligible missionaries.
- **Horizon 401(k) Plan (Horizon)**—A retirement plan available to lay employees and clergy of profit and not-for-profit entities.

Welfare Plans

- **Comprehensive Protection Plan (CPP)**—Provides welfare benefits, including disability, death and survivor benefits, for eligible United Methodist clergy.
- **Basic Protection Plan (BPP)**—Provides supplemental death and disability benefits to certain United Methodist clergy and primary or supplemental benefits to lay employees, depending on arrangements with the plan sponsor.

Parts 4 and 5 – Designation of Beneficiaries for Retirement Plans

- 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 stated relationship should be “friend.”
- The beneficiary section should never contain corrections or crossed-out words. If you 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 (Part 4): 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 may indicate the percentage of the benefit payable to each beneficiary. These percentages must be in whole numbers of not less than one percent and total 100%. If you insert the word “equal” and no percentages are specified for the listed beneficiaries, all listed beneficiaries will receive equal amounts. If your beneficiary choices do not fit within the space provided on the form, check the box at the bottom of Part 4, write the additional information on a separate signed and dated sheet of paper and staple it to the form.
- Naming a secondary beneficiary (Part 5): 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 total 100%. If you insert the word “equal” and no percentages are specified for the listed beneficiaries, all listed beneficiaries will receive equal percentages. If your beneficiary choices do not fit within the space provided on the form, check the box at the bottom of Part 5, write the additional information on a separate signed and dated sheet of paper and staple it to the form.
- 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.”)

Part 6 – 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 encouraged to obtain the written consent of your spouse, witnessed by a notary public. Without such consent, payment of your account balance will be made to the spouse you are married to at the time of your death, in accordance with plan provisions. Your spouse may choose to consent only to the specific beneficiary(ies) you have named or to any beneficiary(ies) you may ever choose to name. Spousal consent is not applicable to the Collins Pension Plan.

Part 7 – Participant Signature. Without your signature and the date, the beneficiary designation form will be invalid.



Caring For Those Who Serve
1201 Davis Street
Evanston, Illinois 60201-4118
1-800-851-2201
www.gbophb.org

Designation of Beneficiary for Retirement and Welfare Plans – Participant

Part I – Participant Information

Name _____ Social Security # _____
Mailing address _____ Primary phone # () _____
Country of citizenship _____ Birth date _____

Part 2 - Marital Status

Marital Status: Not married Married; date _____ Spouse deceased; date _____
Spouse name _____ Spouse Social Security # _____
Last name First name Middle initial
Spouse birth date _____

Note: If you are submitting this form due to divorce, please submit a photocopy of your *Decree of Divorce* or similar court order.

Part 3 – Plan Designation.

The designations you make on this form apply to the plans you check below.

Retirement plans:

- All retirement plans
- Clergy Retirement Security Program (CRSP)—includes MPP and Pre-82
- Collins Pension Plan for Missionaries (Collins Pension Plan)
- Horizon 401(k) Plan (Horizon)
- Retirement Plan for General Agencies (RPGA)
- United Methodist Personal Investment Plan (UMPIP)

Welfare plans:

- Comprehensive Protection Plan (CPP)
- Basic Protection Plan (BPP)

Part 4 – Designation of Primary Beneficiaries.

Designate the person or persons you choose to receive your benefits in the event of your death.

- If you are single and do not elect a beneficiary, your benefits from the plans checked in Part 3 will be paid to your estate.
- If you are married and do not elect a beneficiary, your benefits from the plans checked in Part 3 will be paid to your surviving spouse.
- If you are married at the time of your death, your spouse will be your primary beneficiary unless your spouse has consented otherwise in Part 6.

Name _____ Relationship _____
Last name First name Middle initial
Address _____ Social Security # _____
Primary phone # () _____
Gender: Male Female Birth date _____

Percent of benefit (specify a whole percentage—percentages must total 100%—or insert the word “equal” if you want your primary beneficiaries to share equally): _____

Name _____
Last name First name Middle initial Relationship _____

Address _____ Social Security # _____
Primary phone # () _____

Gender: Male Female Birth date _____

Percent of benefit (specify a whole percentage—percentages must total 100%—or insert the word “equal” if you want your primary beneficiaries to share equally): _____

Name _____
Last name First name Middle initial Relationship _____

Address _____ Social Security # _____
Primary phone # () _____

Gender: Male Female Birth date _____

Percent of benefit (specify a whole percentage—percentages must total 100%—or insert the word “equal” if you want your primary beneficiaries to share equally): _____

Name _____
Last name First name Middle initial Relationship _____

Address _____ Social Security # _____
Primary phone # () _____

Gender: Male Female Birth date _____

Percent of benefit (specify a whole percentage—percentages must total 100%—or insert the word “equal” if you want your primary beneficiaries to share equally): _____

Check here if you would like to designate additional primary beneficiaries that do not fit within the spaces provided. Please write the additional information on a separate sheet of paper and indicate that the additional beneficiaries are primary. Include your name and Social Security number, sign and date the page and staple it to this form.

Part 5 – Designation of Secondary Beneficiaries. If your primary beneficiary(ies) die(s) before you, your benefits will be paid to your secondary beneficiary(ies).

Name _____
Last name First name Middle initial Relationship _____

Address _____ Social Security # _____
Primary phone # () _____

Gender: Male Female Birth date _____

Percent of benefit (specify a whole percentage—percentages must total 100%—or insert the word “equal” if you want your secondary beneficiaries to share equally): _____

Name _____
Last name First name Middle initial Relationship _____

Address _____ Social Security # _____
Primary phone # () _____

Gender: Male Female Birth date _____

Percent of benefit (specify a whole percentage—percentages must total 100%—or insert the word “equal” if you want your secondary beneficiaries to share equally): _____

Name _____ Relationship _____
Last name First name Middle initial
 Address _____ Social Security # _____
 Primary phone # () _____
 Gender: Male Female Birth date _____
 Percent of benefit (specify a whole percentage—percentages must total 100%—or insert the word “equal” if you want your secondary beneficiaries to share equally): _____

Name _____ Relationship _____
Last name First name Middle initial
 Address _____ Social Security # _____
 Primary phone # () _____
 Gender: Male Female Birth date _____
 Percent of benefit (specify a whole percentage—percentages must total 100%—or insert the word “equal” if you want your secondary beneficiaries to share equally): _____

Check here if you would like to designate additional secondary beneficiaries that do not fit within the spaces provided. Please write the additional information on a separate sheet of paper and indicate that the additional beneficiaries are secondary. Include your name and Social Security number, sign and date the page and staple it to this form.

Part 6 – 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 understand that: 1) if I do **not** sign here, I will receive my spouse’s death benefits, if any, if I am married to my spouse at his or her death; 2) by signing here, I consent to the beneficiary(ies) named in this form; and 3) the effect of this consent is to cause any benefits payable upon my spouse’s death to be paid to those beneficiary(ies) instead of me.

Spouse signature _____ Date _____
 Signed in the presence of _____
 Notary public signature _____ Notary seal _____
 Subscribed and sworn before me on this _____
 My commission expires _____

Part 7 – Participant Signature

I designate the person(s) named on this form as my primary and/or secondary beneficiary(ies) for the plan(s) indicated. I have read and understand the instructions for completing this form. I reserve the right to revoke this designation at any time by submitting a new beneficiary designation form with spousal consent, if required. Information provided here shall replace all previous beneficiary designations I have made.
 Your signature _____ Date _____

Please mail this completed form to:
 General Board of Pension and Health Benefits, Data Team
 1201 Davis Street, Evanston, Illinois 60201-4118
 Or you may fax it to the Data Team at **1-847-866-5195**. Be sure to keep a copy for your records.