



# Beneficiary Designation Form

Please complete this form to designate or change Primary and Secondary beneficiaries as required.

**MEMBER ID:** \_\_\_\_\_

(Please check all that apply):

- Annuity Plan for UCC, includes Rollover Contribution (RCA), if participating
- Retirement Savings Account (RSA)
- G120 Payments Benefit (only applies to Retired with 10-year option)

## PERSONAL INFORMATION

SSN: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender:  M  F Title:  Rev.  Dr.

Relationship Status:  Single  Married  Divorced  Widowed  Civil  Domestic Partnership

Name of Member (last, first, middle initial): \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Cell Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Email: \_\_\_\_\_

## BENEFICIARY PERSONAL INFORMATION

### Primary Beneficiary(ies):

I hereby designate the following as Primary Beneficiary(ies). If more than one is designated, each surviving Primary Beneficiary shall receive the percentage share indicated. Total proportion of designations must total 100%.

Please note: If you designate a minor as a beneficiary, you are required to have a probate court-appointed guardian to receive and administer the death benefits to the minor. Do not write the name of the guardian on this form.

Name of Primary Beneficiary (last, first, middle initial): \_\_\_\_\_

SSN: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Percentage Share: \_\_\_\_\_%  Annuity  RSA  G120

Name of Primary Beneficiary (last, first, middle initial): \_\_\_\_\_

SSN: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Percentage Share: \_\_\_\_\_%  Annuity  RSA  G120

Additional Primary Beneficiary(ies): Check if applicable and list information on a separate sheet of paper and attach to this form.

**Secondary Beneficiary(ies):**

I hereby designate the following as Primary Beneficiary(ies). Secondary Beneficiary(ies) are only entitled to benefits when all primary beneficiary(ies) are deceased when benefits are payable. If more than one is designated, each surviving Secondary Beneficiary shall share in the proportion indicated.

Name of Secondary Beneficiary (last, first, middle initial): \_\_\_\_\_

SSN: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ ZIP \_\_\_\_\_

Percentage Share: \_\_\_\_\_% [ ] Annuity [ ] RSA [ ] G120

Name of Secondary Beneficiary (last, first, middle initial): \_\_\_\_\_

SSN: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ ZIP \_\_\_\_\_

Percentage Share: \_\_\_\_\_% [ ] Annuity [ ] RSA [ ] G120

[ ] Additional Secondary Beneficiary(ies): check if applicable, and list information on a separate sheet of paper and attach to this form.

**SPOUSAL CONSENT**

Spousal consent is required if the applicant is married and has not designated their spouse as the sole beneficiary. Please note: A notary is also required if spouse is signing.

Spouse's Consent:

[ ] I hereby consent to the above beneficiary(ies) designated by my spouse.

Spouse's Signature \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**NOTARY**

**A notary is only required if the spouse is signing the form.**

Notary's Signature \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Notary's Stamp:

**SIGNATURE**

Member Signature \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Please return this signed and completed form by email to: [info@pbucc.org](mailto:info@pbucc.org); by fax: 212.729.2701; or mail to: Pension Boards-UCC, 475 Riverside Drive, Suite 1020, New York, NY 10115.