



UPDATE OF BENEFICIARY REQUEST FORM

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 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.

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

Signature _____

Date _____