

DESIGNATION OF NON-SPOUSAL PRIMARY BENEFICIARY

BEN210

In certain situations, it is possible that you could die before receiving all of your benefits under the Church of God Ministers' Retirement Plan (the "Plan"). The Plan provides that if you die and leave a surviving spouse, any remaining Plan benefits will automatically be paid to your spouse, unless you have designated someone else as your primary beneficiary. **USE THIS FORM ONLY IF YOU WISH TO DESIGNATE SOMEONE OTHER THAN YOUR SPOUSE AS A PRIMARY BENEFICIARY** to receive any remaining Plan benefits following your death. This form should also be used if you would like to designate a trust as your primary beneficiary.

MEMBER PERSONAL INFORMATION:

Name: _____ Member No.: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Date of Birth: _____ Soc. Sec. No.: _____ Telephone No.: _____

NON-SPOUSAL PRIMARY BENEFICIARY: (For designation of multiple Primary and/or Contingent Beneficiaries, please use reverse side of this form.)

Name: _____ Soc. Sec. No.: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Date of Birth: _____ Relationship: _____
(If other than trust) (If other than trust)

SIGNATURES:

Member's signature _____ Date _____

Spouse's signature _____ Date _____

SUBSCRIBED AND AFFIRMED TO AND BEFORE ME, BOTH PARTIES SIGNING ABOVE,

this the _____ day of _____, 20____. _____ State _____ County

Notary Public

My commission expires

Note: This form supercedes all other beneficiary designation forms previously filed.

MULTIPLE BENEFICIARY DESIGNATION
FOR BENEFITS UNDER THE MINISTERS' RETIREMENT PLAN

NON-SPOUSAL BENEFICIARY:

PRIMARY

CONTINGENT

Name: _____ Soc. Sec. No.: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Date of Birth: _____ Relationship: _____

NON-SPOUSAL BENEFICIARY: **PRIMARY** **CONTINGENT**

Name: _____ Soc. Sec. No.: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Date of Birth: _____ Relationship: _____

NON-SPOUSAL BENEFICIARY: **PRIMARY** **CONTINGENT**

Name: _____ Soc. Sec. No.: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Date of Birth: _____ Relationship: _____

NON-SPOUSAL BENEFICIARY: **PRIMARY** **CONTINGENT**

Name: _____ Soc. Sec. No.: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Date of Birth: _____ Relationship: _____

NON-SPOUSAL BENEFICIARY: **PRIMARY** **CONTINGENT**

Name: _____ Soc. Sec. No.: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Date of Birth: _____ Relationship: _____

*NOTE: Multiple beneficiary designations are paid on a **per capita** basis. If any one of the beneficiaries dies prior to distribution of any Plan benefits, his or her share will be divided equally among and paid to the surviving beneficiaries.*