

DESIGNATION OF NON-SPOUSAL PRIMARY BENEFICIARY

☐ TRADITIONAL, BEFORE	-TAX ACCOUNT	☐ ROTH 403(b) AFTER	R-TAX ACCOUNT	BEN210		
In certain situations, it is poss God Ministers' Retirement Plane remaining Plan benefits will a your primary beneficiary. USE PRIMARY BENEFICIARY to receive if you would like to designate	an (the "Plan"). The Plan utomatically be paid to y THIS FORM ONLY IF YOU W Te any remaining Plan be	provides that if you rour spouse, unless y rish TO DESIGNATE SOI nefits following your	die and leave a surviving ou have designated som MEONE OTHER THAN YOUR	s spouse, any neone else as SPOUSE AS A		
MEMBER PERSONAL INFORM	MATION:					
Name:		Member/Ministerial File No.:				
Address:		E-Mail:				
City:	State		Zip Code:			
Date of Birth:	Soc. Sec. No.:		Telephone No.: _			
E-mail address:		_@				
Non-Spousal Primary Be please use reverse side of this Name:	form.)	, ,	nary and/or Contingent I	,		
Address:						
City:	State:		Zip Code:			
Date of Birth:(If other than trust)		onship: than trust)				
SIGNATURES:						
Member's signature			Date			
Spouse's signature			Date			
SUBSCRIBED AND AFFIRMED TO AN	ND BEFORE ME, BOTH PARTIES	S SIGNING ABOVE,				
this the day of	20					

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

Notary Public

State

County

My commission expires

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:	Relatio	onship:			
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:	Relatio	onship:			
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:					
Date of Birth:	Relatio	onship:			

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.