



## Instructions for Completing the Designation of Beneficiary for Welfare Plans

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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 of The United Methodist Church (General Board) at 1-800-851-2201.

You must complete this form any time you want to change your beneficiary designation. You may want to review your designation each time there is a change in your family status, such as birth, marriage, divorce or death.

You may name any person(s) as your primary and/or contingent beneficiary(ies). If you are married and you choose a primary beneficiary other than or in addition to your spouse, your spouse must provide written consent, witnessed by a notary public.

### Beneficiary Guidelines

- A **primary beneficiary** is the person(s) you choose to receive your benefits in the event of your death. Your primary beneficiary may be one person, more than one person, a trust, or other legal entity. If a primary beneficiary does not survive you, the remaining primary beneficiary(ies) will receive any eligible benefits upon your death.  
  
If you are married, the plan(s) requires you to name your spouse as your primary beneficiary, unless your spouse consents in writing to another beneficiary choice. Your spouse's consent must be witnessed by a Notary Public.
- A **contingent beneficiary** is an alternate person(s) you name to receive death benefits in the event that your primary beneficiary(ies) dies before you. If no primary beneficiary survives you and no contingent beneficiary is named (or survives you), payment will be made in accordance with the terms and conditions of the plan(s).
- **Important:** If you are single and do not designate a beneficiary, your death benefits will be paid to your estate. If you are married and do not designate a beneficiary, your death benefits will be paid to your spouse.
- For specific legal implications regarding beneficiary designations, contact your attorney.

### How to Complete this Form

1. **About You** – Please complete all applicable information.
2. **Plan Designation** – If you mark the “All Plans” box, this beneficiary designation will apply to all current and future welfare plans in which you are enrolled. If no plans are marked, this beneficiary designation will apply to all current and future plans in which you are enrolled. If you want to choose different beneficiaries for different plans, you must submit a designation of beneficiary form for each plan. The plan definitions are as follows:
  - **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.

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### 3. Beneficiary Designation

- All beneficiary designations must be typed or legibly written in ink.
- 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 relationship to you should be "friend." Without the full name of the beneficiary, the designation of beneficiary form will be invalid.
- The beneficiary section should never contain corrections or crossed out words. If you do make a mistake, you will have to complete another form.
- The beneficiary designation must be specific. Do not include wording such as "either/or" or "and/or."
- Naming a primary beneficiary – 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, all listed beneficiaries will receive equal percentages.
- Naming a contingent beneficiary – 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 contingent beneficiary is named, all listed beneficiaries will receive equal percentages.
- 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.")
- If your beneficiary choices do not fit within the space provided on the form, check the box at the bottom of Part 3 of the form, write the additional information on a separate signed and dated sheet of paper, and staple it to the form.

#### Example of Part 3: Beneficiary Designation for Primary and Secondary

<b>Primary Beneficiary(ies) Designation.</b> If you are married at the time of your death, your spouse will be your primary beneficiary unless your spouse consents by signing in Part 4.	
Name <u>DOE</u> <u>JANE</u> <u>S</u> <small>Last Name First Name Middle Initial</small>	Gender <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female
Address <u>1234 STREET</u>	Social Security # <u>999-99-9999</u>
<u>ANYWHERE CITY, IL 65874</u>	Birthdate <u>08/01/1962</u>
Relationship to you <u>SPOUSE</u>	
<b>Contingent Beneficiary(ies) Designation.</b>	
Name <u>DOE</u> <u>JACK</u> <u>B</u> <small>Last Name First Name Middle Initial</small>	Gender <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female
Address <u>1234 STREET</u>	Social Security # <u>234-56-7891</u>
<u>ANYWHERE CITY, IL 65874</u>	Birthdate <u>07/02/1994</u>
Relationship to you <u>SON</u>	
Name <u>DOE</u> <u>JANE</u> <u>C</u> <small>Last Name First Name Middle Initial</small>	Gender <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female
Address <u>1234 STREET</u>	Social Security # <u>234-56-7890</u>
<u>ANYWHERE CITY, IL 65874</u>	Birthdate <u>05/12/1996</u>
Relationship to you <u>DAUGHTER</u>	

4. **Your Spouse's Consent** – If you are married and have designated any person other than or in addition to your spouse as the 100% primary beneficiary, you are required to obtain the written consent of your spouse, witnessed by a Notary Public. Without such consent, the designation of beneficiary form will be invalid and any payments will be made to your spouse upon your death, in accordance with plan provisions.
5. **Your Signature** – Without your signature and the date, the designation beneficiary form will be invalid.
6. **Please make a copy of the form for your files and mail the original to:**

General Board of Pension and Health Benefits of The United Methodist Church  
1201 Davis Street  
Evanston, IL 60201



## Designation of Beneficiary for Welfare Plans

### Part I – About You

Name \_\_\_\_\_ Social Security # \_\_\_\_\_  
Last name First name Middle initial

Marital Status:  Not married Daytime phone # \_\_\_\_\_  
 Married, date \_\_\_\_\_  
 Married but legally separated, date \_\_\_\_\_ Gender:  Male  Female  
 Spouse deceased, date \_\_\_\_\_

Spouse name \_\_\_\_\_ Spouse Social Security # \_\_\_\_\_  
Last name First name Middle initial

Spouse birthdate \_\_\_\_\_

### Part 2 – Making Your Beneficiary Designation. The designations you make on this form apply to the plans you check below.

- All Plans
- Comprehensive Protection Plan
- Basic Protection Plan

### Part 3 – Beneficiary Designation for Welfare Plans

- If you are single and do not elect a beneficiary, your death benefits from the applicable welfare plan(s) will be paid to your estate.
- If you are married and do not elect a beneficiary, your death benefits from the applicable welfare plan(s) will be paid to your surviving spouse.

**Primary Beneficiary(ies) Designation.** If you are married at the time of your death, your spouse will be your primary beneficiary unless your spouse consents by signing in Part 4.

Name \_\_\_\_\_ Relationship to you \_\_\_\_\_  
Last name First name Middle initial

Address \_\_\_\_\_ Social Security # \_\_\_\_\_  
 \_\_\_\_\_ Birthdate \_\_\_\_\_

Gender:  Male  Female

Name \_\_\_\_\_ Relationship to you \_\_\_\_\_  
Last name First name Middle initial

Address \_\_\_\_\_ Social Security # \_\_\_\_\_  
 \_\_\_\_\_ Birthdate \_\_\_\_\_

Gender:  Male  Female

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**Contingent Beneficiary(ies) Designation.**

Name \_\_\_\_\_ Relationship to you \_\_\_\_\_  
Last name First name Middle initial

Address \_\_\_\_\_ Social Security # \_\_\_\_\_

Birthdate \_\_\_\_\_

Gender:  Male  Female

Name \_\_\_\_\_ Relationship to you \_\_\_\_\_  
Last name First name Middle initial

Address \_\_\_\_\_ Social Security # \_\_\_\_\_

Birthdate \_\_\_\_\_

Gender:  Male  Female

Name \_\_\_\_\_ Relationship to you \_\_\_\_\_  
Last name First name Middle initial

Address \_\_\_\_\_ Social Security # \_\_\_\_\_

Birthdate \_\_\_\_\_

Gender:  Male  Female

Check here if you would like to designate any additional beneficiaries that do not fit within the spaces provided. Please write the additional information on a separate sheet of paper and indicate whether the additional beneficiary(ies) are primary or secondary. Sign and date the page, and staple it to this form.

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**Part 4 – Spousal Consent**

I consent to my spouse's beneficiary designation on this form. I hereby acknowledge that I understand: (1) that the effect of such designation is to cause my spouse's death benefit to be paid to a beneficiary other than or in addition to me; (2) that each beneficiary designation is not valid unless I consent to it; and (3) that my consent is irrevocable unless my spouse revokes the beneficiary designation.

Spouse signature \_\_\_\_\_ Date \_\_\_\_\_

Signed in the presence of \_\_\_\_\_

Notary Public signature \_\_\_\_\_ Notary seal \_\_\_\_\_

Subscribed and sworn before me on this \_\_\_\_\_

My commission expires \_\_\_\_\_

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**IMPORTANT:**

**Part 5 – Your Signature**

I designate the person(s) named on this form as my primary and/or contingent beneficiary(ies) for the plan(s) indicated. I understand that if any one of my primary beneficiaries is not living when the benefit is paid, the total amount will be divided equally among any remaining primary beneficiaries. I also understand that no amount will be paid to a contingent beneficiary as long as any of my primary beneficiaries are living. I reserve the right to revoke this designation at any time by submitting a new designation of beneficiary form. Information provided here shall replace all previous beneficiary designations I have made.

Your signature \_\_\_\_\_ Date \_\_\_\_\_

**Please make a copy for your records and send the original to the General Board.**