



Caring For Those Who Serve

1-800-851-2201
www.gbophb.org

Designation of Beneficiary for Retirement and Welfare Plans – Participant

Type or write legibly in ink with no scratch-outs.

Part I – Personal Information

Name _____ Social Security # _____
Mailing Address _____ Birth date _____

Primary phone # (____) _____
Country of citizenship _____ E-mail _____

Part 2 – Marital Status

Marital Status: Not married Married; date _____
Spouse name _____ Spouse Social Security # _____
LAST NAME FIRST NAME MIDDLE INITIAL
Spouse birth date _____

Note: If you are submitting this form due to divorce, please submit a photocopy of your *Decree of Divorce* or similar court order, if you have not already done so.

Part 3 – Plan Designation(s). *The designations you make on this form apply to the plans you check below. If no plans are checked, the designations on this form will apply to all plans.*

Retirement plans:

- All retirement plans
- Clergy Retirement Security Program (CRSP)—includes Ministerial Pension Plan (MPP) and Pre-82 Plan
- Collins Pension Plan for Missionaries (Collins Pension Plan)
- Horizon 401(k) Plan (Horizon)
- Retirement Plan for General Agencies (RPGA)
- United Methodist Personal Investment Plan (UMPIP)

Welfare plans:

- Comprehensive Protection Plan (CPP)
- Basic Protection Plan (BPP)

Designations do not apply to monthly benefits from the defined benefit portion of CRSP, Pre-82 Plan or Collins Pension Plan, or to lifetime annuities from MPP or other General Board-administered plans.

Part 4 – Designation of Primary Beneficiary(ies). *Designate the person(s) and/or entity(ies) you choose to receive any benefits payable in the event of your death.*

- If you are single and do not elect a beneficiary, your benefits from the plans checked in Part 3 will be paid to your estate.
- If you are married and do not elect a beneficiary, your benefits from the plans checked in Part 3 will be paid to your surviving spouse.
- If you are married at the time of your death, your spouse will be your primary beneficiary unless your spouse has consented otherwise in Part 6.

For additional primary beneficiaries, attach a copy of this form and check here <input type="checkbox"/>	Social Security Number	Date of Birth	Relationship*	Percentage**
Name _____ Address _____				
Name _____ Address _____				
Name _____ Address _____				
Name _____ Address _____				

* Specify "spouse," "child," "legal dependent," "estate," "trust," "organization" or "other."

** Specify a whole percentage—percentages must total 100%—or write "equal" or leave blank if you want your primary beneficiaries to share equally.

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Part 5 – Designation of Secondary Beneficiary(ies). *If your primary beneficiary(ies) die(s) before you, any benefits payable upon your death will be paid to your secondary beneficiary(ies).*

For additional secondary beneficiaries, attach a copy of this form and check here <input type="checkbox"/>	Social Security Number	Date of Birth	Relationship*	Percentage**
Name _____ Address _____				
Name _____ Address _____				
Name _____ Address _____				
Name _____ Address _____				

* Specify "spouse," "child," "legal dependent," "estate," "trust," "organization" or "other."

** Specify a whole percentage—percentages must total 100%—or write "equal" or leave blank if you want your primary beneficiaries to share equally.

Part 6 – Spousal Consent. *You do not need to complete Part 6 if you are single or if your spouse is named as your sole primary beneficiary in Part 4.*

I consent to the specific beneficiary(ies) named on this form. (If your spouse later changes the beneficiary(ies), your consent will be revoked.)

I understand that: 1) if I do not sign here, I will receive my spouse's death benefits, if any, if I am married to my spouse at his or her death; 2) by signing here, I consent to the beneficiary(ies) named in this form; and 3) the effect of this consent is to cause any benefits payable upon my spouse's death to be paid to those beneficiary(ies) instead of me.

Spouse signature _____ Date _____

Signed in the presence of _____

Notary public signature _____

Subscribed and sworn before me on this _____

My commission expires _____



NOTARY SEAL

Part 7 – Your Signature

I designate the person(s) and/or entity(ies) named on this form as my beneficiary(ies) for the plans indicated. I reserve the right to revoke the designation(s) at any time by submitting a new beneficiary designation form with spousal consent, if required. Information provided here shall replace all previous beneficiary designation(s) I have made for the plans checked in Part 3.

Your signature _____ Date _____

Fax to the General Board at **1-847-866-5195**, or mail to:
 General Board of Pension and Health Benefits, Attn: Beneficiary Designation,
 1901 Chestnut Avenue, Glenview, Illinois 60025-1604
 Please keep a copy for your records.

For additional information regarding beneficiary designations, go to www.gbophb.org.