

**FREE METHODIST CHURCH – USA
BENEFICIARY CHANGE FORM**

Participant's Name _____
(Last) (First) (Middle) (Soc. Sec. #)

BENEFICIARY DESIGNATION Give complete names and information as requested.

(Name) (Date of Birth) (Soc. Sec. #) (Relationship)

Address _____
(Street) (City) (State) (Zip)

Contingent Beneficiary Information

(Full Name) (Date of Birth) (Soc. Sec. #) (Relationship)

Address _____
(Street) (City) (State) (Zip)

(Full Name) (Date of Birth) (Soc. Sec. #) (Relationship)

Address _____
(Street) (City) (State) (Zip)

(Full Name) (Date of Birth) (Soc. Sec. #) (Relationship)

Address _____
(Street) (City) (State) (Zip)

Prior to retirement proceeds shall be paid in equal shares to any primary beneficiaries who survive the Insured, but if none survives, proceeds shall be paid in equal shares to any contingent beneficiaries who survive the insured or, if none survive, to the estate of the insured.

My signature on this card evidences my knowledge of participation in the Pension Plan and verifies the correctness of the information set forth above. I understand that it is my responsibility to notify the Pension Administrator if I should choose to name another beneficiary to this plan.

Date _____ **Employee Signature** _____

A divorce of a plan participant automatically nullifies all previous beneficiary designations by the participant in favor of the divorced spouse.

INSTRUCTIONS FOR MARRIED PERSONS

If the Primary Beneficiary named above is not your current spouse, and you wish to provide the Primary Beneficiary with the greatest benefits possible at your death, you must have your current spouse complete the following. If this is not done, your Primary Beneficiary may not receive all of your benefits.

SPOUSAL CONSENT TO WAIVER OF SURVIVOR ANNUITY

I, (print spouse's name) _____, am the spouse of the applicant. I understand that the applicant has elected to waive her/his right to a qualified pre-retirement survivor annuity which may provide me with a survivor annuity at her/his death. I consent to such waiver. I acknowledge that should the participant predecease me, there will be no benefits payable to me.

Print Spouse's Name _____ **Spouse's Signature** _____

Please return this completed form to Free Methodist Church – USA, ATTN: Human Resources, PO Box 51710, Indianapolis, IN 46251; secure file transfer site WeTransfer at hrdeptfmcusa.wetransfer.com to hrdept@fmcusa.org, or fax to: 317.244.1503. You may wish to retain a copy of this completed form for your records.