

BENEFICIARY DESIGNATION

Name _____

Please record any death benefits under my:

- Pension Plan Account № _____
 Tax Deferred Account № _____
 Benefit Accumulation Account № _____
 Individual Retirement Arrangement Account № _____

From this date on: _____

If more than one beneficiary is to be named, please state if these are to “share and share alike,” or if the one is to be the “contingent” - i.e. payable only in the case the first named predeceases.

“Relationship” means spouse, parent, son, daughter, friend, etc. Institutions and causes may also be named.

Name of Beneficiary	Relationship	Birth date
Address		Social Security Number
<input type="checkbox"/> Primary Beneficiary		

Name of Beneficiary	Relationship	Birth date
Address		Social Security Number
<input type="checkbox"/> Share and Share Alike <input type="checkbox"/> Contingent		

Name of Beneficiary	Relationship	Birth date
Address		Social Security Number
<input type="checkbox"/> Share and Share Alike <input type="checkbox"/> Contingent		

Name of Beneficiary	Relationship	Birth date
Address		Social Security Number
<input type="checkbox"/> Share and Share Alike <input type="checkbox"/> Contingent		

Signature of Account Member	Date
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Pension Fund of the Christian Church
(Disciples of Christ)
130 East Washington Street
Indianapolis IN 46204-3659

Office Use Only

RECORDED _____ . PLEASE
FILE THIS WITH YOUR IMPORTANT PAPERS.
PENSION FUND OF THE CHRISTIAN CHURCH
(Disciples of Christ)

By _____