



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.*

All plans

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."

** Percentages must total 100%.

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."

** Percentages must total 100%.

Part 6 – Spousal Consent. *If you are married at the time of your death, your spouse at that time will be your primary beneficiary unless he or she has consented otherwise here. If you have not named your spouse as your sole beneficiary in Part 4, you may want to ask your spouse to consent to your designation by completing Part 6.*

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

Spousal consent is not valid without notarization.

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.