

BENEFICIARY DESIGNATION FORM INSTRUCTIONS

You must select a beneficiary to assure your desires are carried out for the distribution of your benefit when you die. The beneficiary may be a person (persons) or a legal entity (entities), such as a trust, church, or charity. Your primary beneficiary is the person who is first in line to receive plan assets after you pass away. You may have more than one primary beneficiary, in which case, you must select the amount of benefit percentage you want each one to receive. The listed percentages must add up to 100%.

You may also select a secondary beneficiary (beneficiaries). Secondary beneficiaries inherit assets from the plan(s) only if there are no primary beneficiaries living when you pass away.

For example, if you name your spouse as primary beneficiary and children as secondary beneficiaries, the children will be entitled to inherit plan assets only if your spouse passes away before you do.

Please note the following:

- The completion of this Beneficiary Form will revoke previous beneficiary designations, if any, for your group term life insurance and/or accidental death and dismemberment (AD&D) insurance issued by Pensions and Benefits USA.
- A beneficiary for your insurance may be changed at any time upon written request.
- In no event may a beneficiary be changed by a Power of Attorney (POA).

Sample wording for common beneficiary designations are shown below:

Example #1:

Jane Doe	Relationship: Spouse	Benefit Percentage 100%
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Example #2:

Jane Doe	Relationship: Spouse	Benefit Percentage 50%
Susan Doe	Relationship: Daughter	Benefit Percentage 25%
John Doe	Relationship: Son	Benefit Percentage 25%

If additional space is required, write "See Attached" on the beneficiary line of the designation form and attach a separate sheet, listing all required information for each beneficiary listed. This separate sheet should be signed by you (the Participant) and dated.

For more assistance on selecting a beneficiary, consult this [resource](http://pbusa.org/resources/guides/insurance/hartford_choosing_beneficiary.pdf) (pbusa.org/resources/guides/insurance/hartford_choosing_beneficiary.pdf).

Please complete this form and return with any additional information requested to Pensions and Benefits USA at the address below.



Pensions and Benefits USA
17001 Prairie Star Pkwy., Lenexa, KS 66220-7900
Toll Free: 888-888-4656 Fax: 800-334-0634
Local: (913) 577-2760 Fax: (913) 577-0864
pensions@nazarene.org pbusa.org

BENEFICIARY DESIGNATION

Initial beneficiary designation(s) OR Change of all prior beneficiary designation(s) *(check only one box)*.

I hereby revoke any previous beneficiary designation, if any, for my insurance coverage indicated below and direct that the insurance proceeds payable under the policy be distributed as follows:

Participant Name:	Name of Plan:
Participant Address:	Telephone Number:
Participant Email:	Social Security Number:

NAMING YOUR BENEFICIARY

It is important that your beneficiary designation be clear so there will be no question as to your intent. You may name both primary and secondary beneficiaries, but the percent total for each group must equal 100%. If you wish to include a trust as a beneficiary, write the full legal name of the trust in the beneficiary designation below, along with the date the trust was created (in the DOB slot) and the benefit percent. Also, please enclose a copy of the first and last pages of the trust document with this form.

PRIMARY BENEFICIARY(IES)

Name: _____	Date of Birth: _____
Address: _____	Telephone Number: _____
Email Address: _____	Relationship: _____ Benefit Percent _____
Name: _____	Date of Birth: _____
Address: _____	Telephone Number: _____
Email Address: _____	Relationship: _____ Benefit Percent _____
Name: _____	Date of Birth: _____
Address: _____	Telephone Number: _____
Email Address: _____	Relationship: _____ Benefit Percent _____

SECONDARY BENEFICIARY(IES)

Name: _____	Date of Birth: _____
Address: _____	Telephone Number: _____
Email Address: _____	Relationship: _____ Benefit Percent _____
Name: _____	Date of Birth: _____
Address: _____	Telephone Number: _____
Email Address: _____	Relationship: _____ Benefit Percent _____

If additional space is required, write "See Attached" on the beneficiary line of the designation form and attach a separate sheet, listing all required information for each beneficiary listed. This separate sheet should be signed by you (the Participant) and dated.

NOTE: If any Primary or Secondary Beneficiary's share is a percentage of the total proceeds, and that beneficiary predeceases the insured, then that beneficiary's share will be distributed equally among the other surviving beneficiaries, unless the insured indicates otherwise in writing to Pensions and Benefits USA, Church of the Nazarene.

ANY AMOUNT OF INSURANCE PAYABLE AT MY DEATH SHALL BE PAYABLE AS INDICATED ABOVE.

Signature _____ Date _____

OFFICE USE ONLY Certificate number _____

Received and recorded by _____ Date _____