



General Board

# Pension and Health Benefits

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. For additional important information regarding beneficiary designations, go to [www.gbophb.org/retirement/articles/beneficiary.asp](http://www.gbophb.org/retirement/articles/beneficiary.asp)*

- 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. I understand that naming or changing my beneficiary does *not* affect my contingent annuitant election (i.e., my surviving spouse or other person who receives a lifetime annuity or monthly benefit after my death), if any. Contingent annuitants are named when benefits begin and may not be changed thereafter.\*

Your signature \_\_\_\_\_ Date \_\_\_\_\_

\*For important information regarding beneficiary designations vs. contingent annuitants, go to [www.gbophb.org/retirement/articles/beneficiary.asp](http://www.gbophb.org/retirement/articles/beneficiary.asp)

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.