

Change of Beneficiary Designation

This form is to be used to make or change beneficiary designation elections.

If adding a spouse, please send a copy of a marriage certificate with Beneficiary Designation form.

If change is due to divorce, please send copy of divorce decree.



CHURCH OF THE BRETHREN PENSION PLAN

A not-for-profit ministry of Church of the Brethren Benefit Trust Inc.
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Beneficiary Designation

Employee's Name (printed) _____ Trust _____ PIN _____
Social Security Number _____ Daytime Phone Number _____
Address _____
City _____ State _____ ZIP Code _____
Signature _____ Date _____

Please list your contingent beneficiary or beneficiaries. (If you are married, your spouse is automatically your beneficiary. Please list at least one contingent beneficiary. This could be your estate.)

PRIMARY

Name _____
Address _____
City _____ State _____ ZIP Code _____
Relationship to you _____ Birth Date _____ SSN _____

CONTINGENT

Name _____
Address _____
City _____ State _____ ZIP Code _____
Relationship to you _____ Birth Date _____ SSN _____

Name _____
Address _____
City _____
State _____ ZIP Code _____
Relationship to you _____
Birth Date _____ SSN _____

For Office Use Only	
<input type="checkbox"/> H.R. _____	<input type="checkbox"/> Acct. _____
Date _____	Date _____
_____	_____
_____	_____