



# CHURCH OF THE BRETHREN PENSION PLAN

A not-for-profit ministry of Church of the Brethren Benefit Trust Inc.  
1505 Dundee Avenue, Elgin, IL 60120-1619  
800-746-1505 • 847-695-0200 • Fax 847-742-6336  
www.brethrenbenefittrust.org

## 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 \_\_\_\_\_

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