

Beneficiary Designation—Information and Instructions

INFORMATION

This form allows you to choose one or more beneficiaries for the Wespath-administered retirement and welfare plans indicated below. A beneficiary receives plan benefits, if any, after you die or if you cannot be located when a benefit is payable.

A beneficiary can be a person, an organization (religious, educational, charitable, etc.), a trust or another legal entity. More than one beneficiary may share benefits. Your spouse is your primary beneficiary if you are married at the time of your death, unless your spouse has provided written consent for another beneficiary.

Beneficiaries may receive:

- Any amount remaining in a plan account,
- Any monthly payments due under a term-certain annuity or life-and-term-certain annuity, if the participant dies before the end of the term-certain, or
- Death or survivor benefits under certain welfare plans

Beneficiary designations may apply to the following plans:

- Personal Investment Plan (PIP)
- Clergy Retirement Security Program Defined Contribution plan (CRSP DC)
- Ministerial Pension Plan (MPP)
- Pre-1982 Plan (Pre-82)
- Horizon 401(k) Plan (Horizon)
- Comprehensive Protection Plan (CPP)
- Collins Pension Plan for Missionaries (Collins)

Check your beneficiary designations periodically (e.g., each birthday or after a life event like marriage, birth of a child or divorce), and make adjustments as needed. If Wespath cannot locate a beneficiary, that beneficiary will not be able to collect any benefits due.

Your beneficiary designation regarding Wespath-administered plans is binding and supersedes the provisions of your will, your divorce decree or your other wishes.

A beneficiary is not the same as a contingent annuitant. A contingent annuitant is an individual who you elect to receive monthly defined benefits (DB) or annuity benefits upon your death when you apply for these benefits (e.g., MPP, CRSP DB, Pre-82 and Collins monthly benefits). Contingent annuitants cannot be changed.

Beneficiary designations made using this form apply to all Wespath-administered plans listed above. To designate beneficiaries for specific plans, complete your designations online. To designate beneficiaries for LifeOptions contact Unum Life Insurance Company at **1-800-985-0242**. For more information regarding beneficiary designations, visit <https://www.wespath.org/retirement-investments/access-manage-your-benefits/designate-a-beneficiary>.

This designation will apply to all accounts you have as a participant, surviving spouse and/or alternate payee.

INSTRUCTIONS

You are encouraged to manage your beneficiaries online. To add or change beneficiaries, or to update beneficiaries' personal information, login to benefitsaccess.org and from the **Retirement Details** page, select **"Accounts"** and then select **"Beneficiaries."** **If you are unable to update your beneficiaries online, complete this PDF form electronically or use a black pen and print clearly in CAPITAL LETTERS.**

Part 1 – Personal Information

Complete your personal information.

Part 2 – Marital Status

Indicate whether you are single or married. If you are married, provide your marriage date, spouse's name, Social Security number and birth date. If you are changing your beneficiary due to divorce, submit a photocopy of your Divorce Decree or similar court order, if you have not already done so.

Part 3 – Primary Beneficiary(ies)

Enter the personal information for the individual(s) you choose as your primary beneficiary(ies).

If one or more primary beneficiaries is living and can be located at the time of your death, he/she/they will receive 100% of eligible benefits, depending on spousal consent, if applicable.

Wespath-administered plans generally require your surviving spouse to be your sole beneficiary—even if you have submitted a form naming other beneficiaries—unless your spouse has consented to other beneficiaries in Part 5 of this form. Spousal consent is not required for designations relating to accounts you have as a surviving spouse or alternate payee.

If a trust is being named as a beneficiary, a good format to use is:

John Smith, not personally, but as trustee of the Mary Smith Trust (under an agreement dated Month/Day/Year).

If an estate is being named as a beneficiary, a good format to use is:

The estate of John Smith.

If you need more space, complete your beneficiary designations online or print an additional copy of the form, then sign and date both copies.

Part 4 – Secondary Beneficiary(ies)

Enter the personal information for the individual(s) you choose as your secondary beneficiary(ies).

Secondary beneficiaries, if any, are eligible to receive your benefits only when all of your primary beneficiary(ies) die(s) before you or cannot be located.

If you need more space, complete your beneficiary designations online or print an additional copy of the form, then sign and date both copies.

Part 5 – Spousal Consent

Your spouse will be your primary beneficiary if you are married at the time of your death, unless he or she has consented otherwise on this form (or you have named other individuals and have received benefits as an alternate payee or beneficiary of a participant who has died). Your spouse can consent to your designation of other beneficiaries named in Part 3 by completing this section of the document.

Your spouse must consent to the statements that appear on the form, and sign the form in the presence of a Notary Public. Spousal consent is not valid without notarization.

Individuals who are acountholders as a result of divorce or inheriting benefits (i.e., as an alternate payee or beneficiary, including surviving spouses) do not need spousal consent when naming someone other than a spouse.

Part 6 – Signature

Read the statement and, if you agree, sign and date the form. Then, mail it to Wespath at the address indicated. Keep a copy of the submitted form for your records.

Wespath will send a confirmation once this form is processed. You should review the confirmation and keep it for your records.



Beneficiary Designation

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Part 1 – Personal Information

Name _____ Social Security # (last 5 digits) _____
 Mailing address _____ Birth date _____
 _____ Primary phone # () _____
 Country of citizenship _____ E-mail _____

Part 2 – Marital Status

Marital status: Single Married; date _____ Spouse Social Security # _____
 Spouse name _____ Spouse birth date _____
LAST NAME FIRST NAME MIDDLE INITIAL

If you are submitting this form due to divorce, please submit a photocopy of your *Divorce Decree* or similar court order, if you have not already done so.

Part 3 – Primary Beneficiary(ies)

For additional primary beneficiaries, see instructions and check here: <input type="checkbox"/>	Social Security #	Date of Birth	Relationship*	Percentage**
Name _____ Address _____ _____				
Name _____ Address _____ _____				
Name _____ Address _____ _____				
Name _____ Address _____ _____				
Name _____ Address _____ _____				

* Specify "spouse," "child," "legal dependent," "estate," "trust," "organization" or "other."

** Percentages must total 100%.

Part 4 – Secondary Beneficiary(ies)

For additional primary beneficiaries, see instructions and check here: <input type="checkbox"/>	Social Security #	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 – Spousal Consent. Generally required if married and spouse is not named as the sole beneficiary in Part 3 (see instructions). This section must be notarized. **This form must be returned by mail if spousal consent is required.**

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) as designated on this form.

Spouse signature _____

Date _____

Signed in the presence of _____

Notary Public signature _____

Subscribed and sworn before me on this _____

My commission expires _____

NOTARY SEAL

Part 6 – Signature

I have read the instructions and understand that:

- I designate the person(s) and/or entity(ies) named on this form as my beneficiary(ies) for Wespath-administered plans.
- 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 and supersede all previous beneficiary designation(s) I have made.
- I understand that naming or changing my beneficiary does *not* affect any contingent annuitant elections I have made or will make.

Print name _____

Signature _____ Date _____

If you are **NOT** completing this document online, please complete it and return to Wespath by one of the following methods:

- E-mail (scanned copy) to activeteam@wespath.org,
- Fax to **1-847-866-5195**, or
- Mail to: Wespath Benefits and Investments
Attention: Active Benefits Team
1901 Chestnut Avenue, Glenview, IL 60025-1604

Be sure to keep a copy for your records.

This form includes and/or is requesting personally identifiable information (PII) and/or protected health information (PHI). You are encouraged to make elections and beneficiary designations online at benefitsaccess.org. When possible, managing your benefits online is the recommended approach to keep your PII and PHI safe and secure.