

BIC U.S. 403(b)(9) PLAN TRUST BENEFICIARY CERTIFICATION FORM

General Information							
Employer Name:				Account Number:			
Plan Name: Brethren in Christ 403(b) Plan							
Participant:				Social Security Number:			
If the Participant is deceased, the following must be completed:							
Name of Trustee(s) of Trust:							
Phone # of Trustee(s) of Trust:				Email of Trustee(s) of Trust:			
Trust Identification Number:				Date of Death:			
Trust Beneficiary(ies)							
I certify that I am either the Participant or the Trustee of the Trust and I have either:							
<input type="checkbox"/> Provided the Plan Administrator/Payor with a copy of the Trust; or							
<input type="checkbox"/> Listed below the beneficiary(ies) of the Trust.							
<i>Please designate primary or contingent for each individual beneficiary. If designating more than six (6) beneficiaries of the trust, please attach a separate schedule with a dated signature listing all information requested below.</i>							
Primary	Contingent	Name	Address	SSN	Birthdate	Relationship	Share
<input type="checkbox"/>	<input type="checkbox"/>						%
<input type="checkbox"/>	<input type="checkbox"/>						%
<input type="checkbox"/>	<input type="checkbox"/>						%
<input type="checkbox"/>	<input type="checkbox"/>						%
<input type="checkbox"/>	<input type="checkbox"/>						%
<input type="checkbox"/>	<input type="checkbox"/>						%
Signature							
I certify that to the best of my knowledge all of the trust requirements described in Treasury Regulations 1.401(a)(9)-4 Q&A 5 and 6 are satisfied. I understand if the Trust instrument is amended at any time in the future I must, within a reasonable time, provide a copy of such amendment or a corrected certification form to the Plan Administrator/Payor. I also agree to provide a copy of the trust instrument to the Plan Administrator/Payor upon demand; and upon the death of the Participant, provide a final list of all beneficiary(ies) or an actual copy of the Trust no later than October 31 st of the year following the year of the participant's death.							
Signature						Date:	
Signature of <input type="checkbox"/> Participant; or <input type="checkbox"/> Trustee of Trust named in General Information Section above.							
Acceptance							
The Plan Administrator/Payor acknowledges and accepts receipt of this Trust Beneficiary Certification Form.							
Signature						Date Accepted:	

Once this form is completed, signed, and dated by the participant, please retain a copy of your records and file the original copy with the employer.