

BIC U.S. 403(b)(9) PLAN BENEFICIARY DESIGNATION OR CHANGE FORM

General Information

Organization: Brethren in Christ Pension Fund

Account Number:

Participant Name:

Social Security Number:

Birthdate:

Address:

Employer:

Plan Name: Brethren in Christ 403(b) Plan

Beneficiary(ies) Designation

PAYMENT TO BENEFICIARIES: I designate the individual(s) named below as my primary and contingent beneficiary(ies) of this plan and hereby revoke all prior beneficiary(ies) designations, if any, made by me.

The following individual(s) shall be my beneficiary(ies). Please designate primary or contingent for each individual beneficiary. **If neither is checked, the individual will be deemed to be a primary beneficiary.** If any primary or contingent beneficiary dies before me, his or her interest and the interest of his or her heirs shall terminate completely, and the percentage share of any remaining beneficiary(ies) shall be increased on a pro rata basis. If no primary beneficiary(ies) survives me, the contingent beneficiary(ies) shall acquire the designated share of my account.

RESTRICTION: This Beneficiary Designation is subject to all of the terms and provisions of the above named Plan. This Beneficiary Designation shall be effective only if in a form acceptable to the Trustee or Custodian and only if received by the Trustee or Custodian prior to my death.

IMPORTANT: I understand that this Beneficiary Designation will not be effective if I have designated a beneficiary other than my spouse unless my spouse has consented to the designation. Consent of my spouse is not required if my spouse is the sole beneficiary, or if I am not married.

RIGHT TO REVOKE: I reserve the right to change my beneficiary(ies) by filing another Beneficiary Designation, subject to my spouse's consent, if required.

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"/>						%

To name more than six (6) beneficiaries, please attach a separate schedule with your dated signature listing all information requested above.

If I named a beneficiary which is a Trust, I understand I must complete the Trust Beneficiary Certification Form or provide a copy of the Trust to the Plan Administrator. I must also have Consent of Spouse to do so.

Signature of Participant

Date

Consent of Spouse

I, the undersigned spouse of the above-named Participant, have read this Beneficiary Designation/Change Form and hereby consent to such Beneficiary Designation, including all primary and contingent beneficiaries. I understand that by consenting to this Designation, I may be waiving my right to receive a benefit under the Plan in the event of my spouse's death. I have signed this consent freely and voluntarily. I understand that I may not revoke this consent, except by consenting to another Beneficiary Designation signed by the Participant.

Signature of Spouse

Date

BEFORE ME, the undersigned Notary Public, personally appeared and executed the above Consent of Spouse.
 IN WITNESS WHEREOF, I have signed my name and affixed my official seal of office on:

Signature of Notary _____

Notary Public - State of _____

My Commission expires _____

Once this form is completed, signed, and dated, please retain a copy for your records, and return the original copy to your employer.