

## Beneficiary Designation—Information and Instructions

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### 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:

- United Methodist Personal Investment Plan (UMPIP)
- Clergy Retirement Security Program Defined Contribution plan (CRSP DC)
- Ministerial Pension Plan (MPP)
- Pre-1982 Plan (Pre-82)
- Retirement Plan for General Agencies (RPGA)
- 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 UMLifeOptions contact Unum Life Insurance Company at **1-800-985-0242**. For more information regarding beneficiary designations, visit [wespath.org/retirement/resources/beneficiary-designation-guidelines](https://wespath.org/retirement/resources/beneficiary-designation-guidelines).

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](https://benefitsaccess.org) and select "Take Action" from the toolbar, then under **Update Personal Data**, choose "Update beneficiary designations."

### Part 1 – Personal Information

Complete your personal information. Use a black pen and print clearly in CAPITAL LETTERS.

### 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 are receiving 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 accountholders 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

You are encouraged to manage your beneficiaries online at [benefitsaccess.org](http://benefitsaccess.org). Log in and select **"Take Action"** from the toolbar, then under **UPDATE PERSONAL DATA**, choose **"Update beneficiary designations."**

### Part 1 – Personal Information

Name \_\_\_\_\_ Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
 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.

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) instead of me.

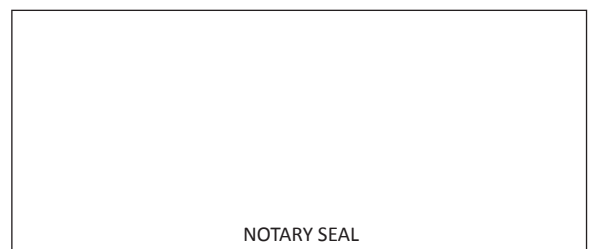
Spouse signature \_\_\_\_\_ Date \_\_\_\_\_

Signed in the presence of \_\_\_\_\_

Notary Public signature \_\_\_\_\_

Subscribed and sworn before me on this \_\_\_\_\_

My commission expires \_\_\_\_\_



**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 supersedes 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 \_\_\_\_\_

Please complete this form and send it to:  
 Wespath Benefits and Investments  
 Attention: Call Center  
 1901 Chestnut Avenue  
 Glenview, IL 60025