

B-2

Member Information

PLEASE PRINT OR TYPE

Name*	Social Security Number*
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Beneficiaries

PRIMARY - I direct that the value of my group term life insurance of the Death Benefit Plan be paid on my death to the primary beneficiaries designated below who survive me.

Name*		Name		Name	
Address*		Address		Address	
Social Security Number*	Date of Birth*	Social Security Number	Date of Birth	Social Security Number	Date of Birth
Relationship*		Relationship		Relationship	

(You may attach a sheet to this form with additional beneficiary information)

CONTINGENT - If the primary beneficiaries do not survive me, I direct that payment be made on my death to the contingent beneficiaries designated below who survive me.

Name		Name		Name	
Address		Address		Address	
Social Security Number	Date of Birth	Social Security Number	Date of Birth	Social Security Number	Date of Birth
Relationship		Relationship		Relationship	

(You may attach a sheet to this form with additional beneficiary information)

Spouse's Consent - (required if married) I hereby consent to my spouse's designations of beneficiaries.

Signature of Spouse*	Date*
Signature of Witness (other than Beneficiary or Member)*	Date*

Member Certification - I hereby affirm these designated beneficiaries to receive the value of my group term life insurance of the Death Benefit Plan and revoke any previous designations.

Signature of Member*	Date*
Signature of Witness (other than Beneficiary)*	Date*

Acknowledgement - FOR MIMBB STAFF USE ONLY — MIMBB acknowledges and records the designations made on this form.

Authorized Signature	Title	Date
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*required fields

See important information on reverse side.

DESIGNATION OF BENEFICIARY GROUP TERM LIFE INSURANCE BEFORE RETIREMENT

- This form is for the designation of beneficiaries for your group term life insurance of the Death Benefit Plan. It allows you to designate who will receive payment of your benefit in the event of your death. This is an important document, critical in your estate planning, which should be completed with care. It ensures that your wishes regarding the payment of the Death Benefit Plan group term life insurance at your death will be honored. An acknowledged copy will be sent to you and should be kept in a safe place with your other records.
- Any individual(s) or institution(s) can be designated as beneficiaries.
- The benefit that becomes payable on your death will be paid to the surviving primary beneficiaries designated on this form.
- If there are no surviving primary beneficiaries, payment will be made on your death to the surviving contingent beneficiaries designated on this form.
- If there are no surviving designated beneficiaries, payment will be made on your death to your spouse, if any.
- If there are no surviving designated beneficiaries or spouse, payment will be made on your death to your estate.
- By completing a new beneficiary form, you will be revoking any previous beneficiary designations for this account.
- It is important to keep beneficiary designations up to date. If you wish to make changes, please request a new form.

If there are any questions, please call an MMBB Senior Benefits Specialist,
toll free, at 1-800-986-6222 or email service@mmbb.org.

Please return this completed form to:

The Ministers and Missionaries Benefit Board

475 Riverside Drive, Suite 1500, New York, NY 10115-0032
Phone: 800.986.6222 Fax: 800.986.6782 Web: www.mmbb.org