



		B	<u>- I </u>				
Member Informa	INT OR TYPE						
Name			Social Security Number				
Beneficiaries							
PRIMARY							
		unt be paid on my death to spouse as the sole primary		eficiaries de	signated below	who survive me. If	
sion takes precede	ence over any bene	ovides that a spouse receive eficiaries I designate below rm (B-7) provided by MMB	and applies to any				
Name		Name	Name		Name		
Address		Address	Address		Address		
Social Security Number	Date of Birth	Social Security Number	Date of Birth	Social	Security Number	Date of Birth	
Relationship		Relationship	Relationship		Relationship		
nated below who		rvive me, I direct that payn	nent be made on I			beneficiaries desig-	
Name		Name	Name		Name		
Address		Address	Address		Address		
Social Security Number	Date of Birth	Social Security Number	Date of Birth	Social	Security Number	Date of Birth	
Relationship		Relationship	Relationship		Relationship		
Member Certific	ation	ay attach a sheet to this form v					
I hereby affirm these designated beneficiaries to receive the value of my RP and Signature of Member				<u> </u>	Date		
Signature of Witness (oth	er than Beneficiary)				Date		
Acknowledgeme		a almanda deservición de	والمراجعة والمراهما	و معمد خاد و	*h:a fa		
FOR MMBB STAFF USE ONLY — MMBB acknowledges and records Authorized Signature Title			is the designation:	The state of the s	Date		



DESIGNATION OF BENEFICIARY RETIREMENT PLAN (RP) ACCOUNT

- This form is for the designation of beneficiaries for your Retirement Plan account. It allows you to designate who will receive payment of your Retirement Plan account 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 your Retirement Plan account 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.
- If you are single, any individual(s) or institution(s) can be designated as beneficiaries.
- If you are married, your spouse must receive your Retirement Plan account in the event of your death. He or she will supersede any beneficiaries designated on this form. Therefore, enter your spouse and spousal information in the section reserved for the primary beneficiary designation.
- Your spouse may waive the benefit as primary beneficiary by signing a notarized waiver consenting to your designation of non-spousal beneficiaries. Then your designated non-spousal beneficiaries would receive payment of your Retirement Plan account in the event of your death. If your spouse has consented to non-spousal primary beneficiaries, he or she will no longer be eligible for the minimum widow's annuity. Once your spouse has consented, you may change your beneficiaries at any time without obtaining another waiver. You may get the spousal waiver form (B-7) by contacting The Ministers and Missionaries Benefit Board (MMBB).
- The value of your Retirement Plan account will be paid on your death to the surviving primary beneficiaries designated on this form.
- If no spouse or primary beneficiaries survive you, payment will be made on your death to the surviving contingent beneficiaries designated on this form.
- If no spouse or beneficiaries survive you, payment will be made 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:

MMBB Financial Services

475 Riverside Drive, Suite 1700 New York, NY 10115-0049 Phone: 800.986.6222 Fax: 800.986.6782 Web: www.mmbb.org