



DESIGNATION OF BENEFICIARY FORM

I hereby revoke all designations of beneficiaries previously made by me and designate the following person(s) to receive any benefits under the above plan payable upon my death. (Please type or print)

Name: _____

Date of Birth: ___ / ___ / ___ Sex: _____

Address: _____

Relationship: _____

Social Security Number: _____ - _____ - _____

Name: _____

Date of Birth: ___ / ___ / ___ Sex: _____

Address: _____

Relationship: _____

Social Security Number: _____ - _____ - _____

Name: _____

Date of Birth: ___ / ___ / ___ Sex: _____

Address: _____

Relationship: _____

Social Security Number: _____ - _____ - _____

- The above beneficiaries living at my death shall share equally in the benefits payable. Their descendants ___ shall ___ shall not share equally through representation (i.e., per stirpes).
- The full benefit payable shall be distributed to the first person named in the list above who is living at my death.
- Other _____

I reserve the right to change at any time the designations made above by written request to the Board of Stewardship, Foundation, and Benefits of the Cumberland Presbyterian Church, Inc. Any such change shall be effective on the day such written request is received and acknowledged by said Board.

Employee Signature (full name): _____ Date: ___ / ___ / ___

Social Security Number: _____ - _____ - _____ Witness Signature: _____

Received and Acknowledged: Date: ___ / ___ / ___ **Board of Stewardship:** _____