

## Beneficiary Designation—Information and Instructions

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### WHAT THIS FORM DOES

This form allows you to choose one or more beneficiaries for the Wespath-administered retirement and welfare plans listed below.

- Personal Investment Plan (PIP)
- Compass Retirement Plan (Compass)
- Ministerial Pension Plan (MPP)
- Pre-1982 Plan (Pre-82)
- Horizon 401(k) Plan (Horizon)
- Comprehensive Protection Plan (CPP)
- Collins Pension Plan for Missionaries (Collins)

A beneficiary receives plan benefits, if any, after you die. Beneficiaries receive any remaining account balances, monthly annuity payments still due for a guaranteed period (“term-certain”) and death benefits under the CPP. This designation will apply to all accounts and benefits you have in the above plans as a participant, surviving spouse and/or alternate payee.

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 from the **Retirement Details** page, select “**Accounts**” and then select “**Beneficiaries**.”

To designate beneficiaries for the LifeOptions Plan, contact Unum Life Insurance Company at **1-800-985-0242** or go to [https://secure.bswift.com/default.aspx?abbrev=unum\\_umc](https://secure.bswift.com/default.aspx?abbrev=unum_umc).

**Important:** Wespath pays benefits based only on the beneficiary designation you have on file. If no designation is on file, beneficiaries are determined under plan rules. Your **will, divorce decree, prenuptial agreement, trust or other documents do not control** who receives your plan benefits.

### WHO YOU MAY NAME AS A BENEFICIARY

A beneficiary can be a person, an organization (religious, educational, charitable, etc.), a trust or another legal entity. You may name more than one beneficiary and assign percentage shares.

**Married Participants:** If you are married at the time of your death, **your spouse is automatically your sole primary beneficiary unless your spouse has provided written, notarized consent to another beneficiary.**

### KEEP YOUR DESIGNATIONS UP TO DATE

Check your beneficiary designations periodically (e.g., each birthday, after a life event like marriage, birth of a child, divorce, or death of a beneficiary) and make updates as needed. Contact information for beneficiaries should be kept up to date as well. If Wespath cannot locate a beneficiary, benefits cannot be paid to that person.

### BENEFICIARY VS. CONTINGENT ANNUITANT (NOT THE SAME)

A beneficiary is not the same as a contingent annuitant. A contingent annuitant is an individual who you elect to receive monthly annuity pension benefits upon your death when you apply for these benefits, which typically happens at the time you retire. Contingent annuitants cannot be changed once elected and are not impacted by this form.

For more information regarding beneficiary designations, visit <https://www.wespath.org/retirement-investments/access-manage-your-benefits/designate-a-beneficiary>.

## INSTRUCTIONS

If you are unable to update your beneficiaries online, complete this PDF form electronically or use a black pen and print clearly in CAPITAL LETTERS.

### Part 1 – Personal Information

Complete your personal information.

### Part 2 – Marital Status

Indicate whether you are married or not married/widowed. 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 sole primary beneficiary if you are married at the time of your death, unless he or she has consented otherwise on this form. 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.

If you are an accountholder as a result of divorce or inheriting benefits (i.e., as an alternate payee or beneficiary, including surviving spouses), you do *not* need spousal consent when naming someone other than your spouse as your beneficiary.

### 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 from the **Retirement Details** page, select **"Accounts"** and then select **"Beneficiaries."** If you are unable to update your beneficiaries online, complete this PDF form electronically or use a black pen and print clearly in CAPITAL LETTERS.

### Part 1 – Personal Information

Name \_\_\_\_\_ Social Security # (last 5 digits) \_\_\_\_\_  
 Mailing address \_\_\_\_\_ Birth date \_\_\_\_\_  
 \_\_\_\_\_ Primary phone # ( ) \_\_\_\_\_  
 Country of citizenship \_\_\_\_\_ E-mail \_\_\_\_\_

### Part 2 – Marital Status

Marital status:  Married; date \_\_\_\_\_  Not married/widowed 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. **This form must be returned by mail if spousal consent is required.**

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) as designated on this form.

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

Date \_\_\_\_\_

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

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

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

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

NOTARY SEAL

## 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 supersede 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 \_\_\_\_\_

If you are **NOT** completing this document online, please complete it and return to Wespath by one of the following methods:

- E-mail (scanned copy) to [activeteam@wespath.org](mailto:activeteam@wespath.org),
- Fax to **1-847-866-5195**, or
- Mail to: Wespath  
Attention: Active Benefits Team  
1901 Chestnut Avenue, Glenview, IL 60025-1604

Be sure to keep a copy for your records.

This form includes and/or is requesting personally identifiable information (PII) and/or protected health information (PHI). You are encouraged to make elections and beneficiary designations online at [benefitsaccess.org](http://benefitsaccess.org). When possible, managing your benefits online is the recommended approach to keep your PII and PHI safe and secure.