



MEMBER ID: _____

This application communicates the desire for annuitized members to establish an Annuity Plan Retirement Savings Account (RSA) with your choice of beneficiary(ies) amounts held in the Annuity Plan RSA. You are 100% vested in the funds within the RSA. Deposits to your RSA account will not be available for withdrawal until 40 days following the receipt of the deposit.

PERSONAL INFORMATION

SSN: _____ Date of Birth: ____/____/____ Gender: [] M [] F Title: [] Rev. [] Dr.

Name of Member (last, first, middle initial): _____

Address: _____ City _____ State _____ ZIP _____

Cell Phone: (____) _____ - _____ Home Phone: (____) _____ - _____ Email: _____

FUND ALLOCATION DIRECTIONS

Allocate accumulation balances using 5% increments below.

Sustainable Balanced Fund	Bond Fund	Equity Fund	Stable Value Fund	Global Sustainability Index Fund	TAD Fund 2025	TAD Fund 2030	TAD Fund 2035	TAD Fund 2040	TAD Fund 2045	TAD Fund 2050	Fund percentage must total 100%
%	%	%	%	%	%	%	%	%	%	%	Total: _____%

BENEFICIARY PERSONAL INFORMATION

Primary Beneficiary(ies):

I hereby designate the following as Primary Beneficiary(ies). If more than one is designated, each surviving Primary Beneficiary shall receive the percentage share indicated. Total proportion of designations must total 100%.

Please note: If you designate a minor as a beneficiary, you are required to have a probate court-appointed guardian to receive and administer the death benefits to the minor. Do not write the name of the guardian on this form.

Name of Primary Beneficiary (last, first, middle initial): _____

SSN: _____ Date of Birth: ____/____/____ Relationship: _____

Address: _____ City _____ State _____ ZIP _____

Percentage Share: _____%

Name of Primary Beneficiary (last, first, middle initial): _____

SSN: _____ Date of Birth: ____/____/____ Relationship: _____

Address: _____ City _____ State ____ ZIP _____

Percentage Share: _____%

[] Additional Primary Beneficiary(ies): Check if applicable and list information on a separate sheet of paper and attach to this form.

Secondary Beneficiary(ies):

I hereby designate the following as Primary Beneficiary(ies). Secondary Beneficiary(ies) are only entitled to benefits when all primary beneficiary(ies) are deceased when benefits are payable. If more than one is designated, each surviving Secondary Beneficiary shall share in the proportion indicated.

Name of Secondary Beneficiary (last, first, middle initial): _____

SSN: _____ Date of Birth: ____/____/____ Relationship: _____

Address: _____ City _____ State ____ ZIP _____

Percentage Share: _____%

Name of Secondary Beneficiary (last, first, middle initial): _____

SSN: _____ Date of Birth: ____/____/____ Relationship: _____

Address: _____ City _____ State ____ ZIP _____

Percentage Share: _____%

[] Additional Secondary Beneficiary(ies): Check if applicable and list information on a separate sheet of paper and attach to this form.

SPOUSAL CONSENT

Spousal consent is required if the applicant is married and has not designated their spouse as the sole beneficiary.

Spouse's Consent:

[] I hereby consent to the above beneficiary(ies) designated by my spouse.

Spouse's Signature _____ Date: ____/____/____

NOTARY

Notary's Signature _____ Date: ____/____/____

Notary's Stamp:

SIGNATURE

Signature of person entitled to designate a beneficiary: _____ Date: ___/___/___

Signature of witness (not a beneficiary): _____ Date: ___/___/___

Please return this signed and completed form by email to: info@pbucc.org; by fax: 212.729.2701; or mail to:
Pension Boards-UCC, 475 Riverside Drive, Suite 1020, New York, NY 10115.