

PARTICIPANT INFORMATION	
Name	Social Security Number
Date of Birth	Date of Hire

STATEMENT OF MARITAL STATUS		
<input type="checkbox"/> Married Participant Naming Spouse as Sole Beneficiary By checking this box, I hereby certify to the Church Benefits Board that I am married and intend to name my spouse as the beneficiary of any benefits payable upon my death. (Complete Beneficiary information below)	<input type="checkbox"/> Married Participant Naming Primary Beneficiary other than Spouse By checking this box, I hereby certify to the Church Benefits Board that I am married and intend to name my primary beneficiary as someone other than my spouse. (Complete Alternate Beneficiary Designation Form)	<input type="checkbox"/> Unmarried Participant By checking this box, I hereby certify to the Church Benefits Board that I am unmarried. (Complete beneficiary information below)

PRIMARY BENEFICIARY (IES)				
Name	Address	SS#	Relationship	% of Proceeds
Name	Address	SS#	Relationship	% of Proceeds
Name	Address	SS#	Relationship	% of Proceeds

* Note: If you are married, Federal Law requires that your spouse be your primary beneficiary unless spousal consent is provided. If you choose someone other than, or in addition to your spouse as primary beneficiary, a signed, notarized Spousal Consent Form must be presented to waive the survivor benefit provided by the Plan. Contact your Plan Administrator should you require a Spousal Consent Form.

SECONDARY BENEFICIARY(IES)				
If none of my primary beneficiary(ies) survive me, I designate the following as secondary beneficiary(ies).				
Name	Address	SS#	Relationship	% of Proceeds
Name	Address	SS#	Relationship	% of Proceeds
Name	Address	SS#	Relationship	% of Proceeds

If no beneficiary survives me or if no beneficiary is named, my account balance will be payable in accordance with the provisions of the Plan.

PARTICIPANT AUTHORIZATION

I authorize the Plan Administrator to execute my directions as set forth above. I understand these directions will be in effect until a subsequent election is submitted, or as required by law or the Plan. Furthermore, I understand that all benefits and rights to which I am entitled under the Plan will be determined only in accordance with the Plan and Trust Agreement, all amendments thereto, and regulations thereunder. I agree, if more than one beneficiary is designated, payments will be made in equal shares to those persons designated as beneficiaries who survive me, unless indicated otherwise.

Employee Signature	Date

Please keep a copy of this form for your records and return the original to:

Church Benefits Board
 2930 Flowers Road, Suite 133A
 Atlanta, GA 30341
 Web: www.churchbenefits.org

Phone: (800) 352-8741
 Fax: (770) 220-1661



**Primary Beneficiary Designation Form
CBF 403(b) Plan
Spousal Consent Form**

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SPOUSAL CONSENT (IF SPOUSE IS NOT DESIGNATED AS THE SOLE BENEFICIARY)

I, the undersigned, being the spouse of the above-named Plan participant, consent to the Non-Spouse Primary Beneficiary designated and to any distribution made pursuant thereto in accordance with the terms of the Plan. I understand that any Plan benefits payable upon the death of the above-named Participant shall be payable to the primary beneficiary(ies) named in the Plan Beneficiary Designation Form in the percentages designated on such form and not to myself, and I hereby consent to the designation and payment to such non-spouse.

Spouse Name	
Spouse's Signature	Date

Notarized by:

Name of Employer or church Administrator	SIGNATURE	DATE
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