

# B-1

**Member Information**

**PLEASE PRINT OR TYPE**

Name*	Social Security Number (xxx-xx-6789)*
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**Beneficiaries**

**PRIMARY**

- I direct that the value of my RP account be paid on my death to the primary beneficiaries designated below who survive me. If married, you should designate your spouse as the sole primary beneficiary.
- I understand the Retirement Plan provides that a spouse receive the benefit of my RP account in the event of my death. This provision takes precedence over any beneficiaries I designate below and applies to any remaining balance, unless my spouse has waived this benefit on the Spousal Waiver form (B-7) provided by MIMBB.

Name*		Name		Name	
Address		Address		Address	
Social Security Number*	Date of Birth (mm/dd/yyyy)*	Social Security Number	Date of Birth	Social Security Number	Date of Birth
Relationship*		Relationship		Relationship	

(You may attach a sheet to this form with additional beneficiary information)

**CONTINGENT**

- If the primary beneficiaries do not survive me, I direct that payment be made on my death to the contingent beneficiaries designated below who survive me.

Name		Name		Name	
Address		Address		Address	
Social Security Number	Date of Birth	Social Security Number	Date of Birth	Social Security Number	Date of Birth
Relationship		Relationship		Relationship	

(You may attach a sheet to this form with additional beneficiary information)

**Member Certification**

I hereby affirm these designated beneficiaries to receive the value of my RP account and revoke any previous designations.

Signature of Member*
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See important information on reverse side.

\*required fields

## DESIGNATION OF BENEFICIARY RETIREMENT PLAN (RP) ACCOUNT

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- 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](mailto:service@mmbb.org).

**Please return this completed form to:**

**The Ministers and Missionaries Benefit Board**  
475 Riverside Drive, Suite 1700, New York, NY 10115-0049  
Phone: 800.986.6222 Fax: 800.986.6782 Web: [www.mmbb.org](http://www.mmbb.org)