



CHRISTIAN SCHOOL PENSION PLAN AND TRUST FUND

3350 East Paris Avenue SE
Grand Rapids MI 49512-3054

CHANGE OF BENEFICIARY FORM

EMPLOYEE INFORMATION

Employee's Name: _____ Soc. Sec. No: _____
Name change? Yes No Maiden Name: _____
Address: _____ City: _____
State: _____ Zip: _____ Phone: _____ Address Change? Yes No

BENEFICIARY DESIGNATION

I designate the following as my beneficiary to receive any benefits that may become payable under the Christian School Pension Plan in the event of my death. I revoke all previous beneficiary designations.

Beneficiary Name: _____ Relationship: _____
Soc. Sec. No: _____ Date of Birth: _____
Address: _____
City: _____ State: _____ Zip: _____

(If benefits are to be paid to a minor, the Plan Administrator, at his discretion, may make such benefits payable to a legal guardian or if none, to a parent with whom the minor resides.)

Optional Designation: I designate the following as contingent beneficiary in case of my primary beneficiary's death, to receive any benefits that may become payable under the Christian School Pension Plan in the event of my death. I revoke all previous beneficiary designations.

Contingent Beneficiary: _____
Name Soc. Sec. No. Relationship
Address: _____
Street City State Zip

Employee Signature: _____ Date: _____

SPOUSE CONSENT

If you are married and wish to designate someone other than your spouse as your beneficiary, your spouse must give written notarized consent to the beneficiary of your choice.

As the spouse of the above-named employee, I consent to the beneficiary designation listed above. I understand that under this designation no death benefits will be paid to me from this Plan.

Spouse Signature: _____ Date: _____

Signed before me this _____ day of _____

Commission Expiration Date: _____

Signature of Notary Public

(STAMP SEAL HERE)