



Pensions and Benefits USA
 17001 Prairie Star Parkway
 Lenexa, KS 66220-7900

**Beneficiary Change Request Form
 Group Insurance**

Name of Insured _____

Name of Plan _____

Control Number: 469636 Certificate No. _____

Group Policy Holder: Church of the Nazarene, Board of Pensions and Benefits USA

Pensions and Benefits USA is hereby requested to change my designation of beneficiary so that any amount payable at my death shall be payable to

 Name of Beneficiary

my _____, if living at my death.
 Relationship to Insured

Otherwise to

 Name(s) of Trustees

of _____,
 City and State

or successor, as Trustees under a Trust Agreement of _____
 Name of Trust

dated _____, as amended, if in existence at the time of my death, if not, then to the executors
 Date of Trust

or administrators of my estate.

Date _____ Signature of Insured _____

Date _____ Received and Recorded by _____