

BENEFICIARY CHANGE FORM Pensions and Benefits USA—Church of the Nazarene

pbusa.org

Participant's name Name of Plan				
PLEASE READ THE FOLLOWING	S INFORMATION REFORE CO	OMPLETING THIS FOR	M DIFASE DE	INT I EGIRIY
 Give FULL names and relation If you wish to designate a will, correct one. Return the completed and sign Parkway, Lenexa, KS 66220-79 	ships for each beneficiary. trust, or estate as beneficiary, ed form to Pensions and Bene	do not use this form. Co	ntact help@pb o	usa.org for the
PRIMARY BENEFICIARY(IES) paid in equal shares to these percentages, the percentages is leave the percentages blank.	rimary beneficiaries who survi	ve you unless you indica	ate percentages	. If you indicate
Name	Relationship to Insured	Address		Percentage
section <i>only if all primary ben</i> percentages. If you indicate per beneficiaries to share equally, hame	centages, the percentages <u>in</u>			
	neiationship to insured	Address		reiceillage
ANY AMOUNT OF INSURANCE I	PAYABLE AT MY DEATH SHAI	LL BE PAYABLE AS IND	DICATED ABOV	
NOTE: If any Primary or Second pre-deceases the insured, then beneficiaries, unless the insured Nazarene.	that beneficiary's share will I	oe distributed equally	among the oth	er surviving
Signature			Date	
OFFICE USE ONLY	Control No. 4	69636 Certificate no		
Received and recorded by			Date	011RL/VY/001211/E