



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

Participant's name _____ Name of Plan _____

PLEASE READ THE FOLLOWING INFORMATION BEFORE COMPLETING THIS FORM. PLEASE PRINT LEGIBLY.

1. Give FULL names and relationships for each beneficiary.
2. If you wish to designate a will, trust, or estate as beneficiary, do not use this form. Contact pensions@nazarene.org for the correct one.
3. Return the completed and signed form to Pensions and Benefits USA, Church of the Nazarene, 17001 Prairie Star Parkway, Lenexa, KS 66220-7900.

PRIMARY BENEFICIARY(IES): All beneficiaries named in this section will be considered primary. Proceeds will be paid in equal shares to these primary beneficiaries who survive you unless you indicate percentages. If you indicate percentages, the percentages ***in this section*** must add up to 100%. If you wish the beneficiaries to share equally, leave the percentages blank.

Name	Relationship to Insured	Address	Percentage

SECONDARY BENEFICIARY(IES): Proceeds will be paid to the surviving secondary beneficiaries named in this section ***only if all primary beneficiaries have died***. Payment will be paid in equal shares unless you indicate percentages. If you indicate percentages, the percentages ***in this section*** must add up to 100%. If you wish the beneficiaries to share equally, leave the percentages blank.

Name	Relationship to Insured	Address	Percentage

ANY AMOUNT OF INSURANCE PAYABLE AT MY DEATH SHALL BE PAYABLE AS INDICATED ABOVE.

NOTE: If any Primary or Secondary Beneficiary's share is a percentage of the total proceeds, and that beneficiary pre-deceases the insured, then that beneficiary's share will be distributed equally among the other surviving beneficiaries, unless the insured indicates otherwise in writing to Pensions and Benefits USA, Church of the Nazarene.

Signature _____ Date _____

OFFICE USE ONLY Control No. 469636 Certificate no. _____

Received and recorded by _____ Date _____