

Beneficiary DesignationRetirement Plan for CRC Ministers

Participant		Date of Birth		
Phone Number		Email		
need to be listed below.	n married at the time of my death, my so If my spouse dies before receiving the designate the following beneficiaries to	remaining benefit payme	ents for the chosen	guarantee period
Contingent Beneficiary(s)		Relationship to me	Date of Birth	Percentage: Must Total 100%
Name: Address:				
Name: Address:				
Name: Address:				
guaranteed period, the obeneficiaries are living at I understand that I may office at any time before	one beneficiary and a beneficiary dies deceased beneficiary's share should be the time payment would be made, pachange my beneficiary designations by my death. This means that if I had proprovided on this form replaces any price	distributed among that be syment should be made to delivering a new benefici eviously submitted a bene	eneficiary's heirs. o my estate. ary designation to eficiary designation	Further, if no the CRC pension n form, the
Dated:	, 20 Sign:	ature of Participant		

Ministers' Pension Office 1700 28th Street SE Grand Rapids, MI 49508-1407 Phone: 616-224-0722 Fax: 616-726-1160 Email: pension@crcna.org

7/2018