

AFRICAN METHODIST EPISCOPAL CHURCH GROUP LIFE INSURANCE



BENEFICIARY DESIGNATION – PAGE 1

Changes must be made while the participant is living, are effective as of the date signed, and must be received and recorded by the Department of Retirement Services of the African Methodist Episcopal Church to be valid.

Participant Name: _____

Print or Type Complete Legal Name-First, Middle, Last

Social Security Number: _____

Street Address: _____

City: _____

State: _____

Zip: _____

Phone: _____

Email: _____

Check One:

☐

New Designation

☐

Change

SECTION 1 – BENEFICIARY DESIGNATION

Regarding any amount payable under the Policy by reason of my death, I hereby mark the option applicable to my situation and make the following beneficiary designation:

FOR UNMARRIED PARTICIPANTS (INCLUDING WIDOWED, DIVORCED, OR LEGALLY SEPARATED)

- ☐ **Not Married** and designate the individual(s) named below to receive death benefits from the Policy.
Note: If changing your beneficiary due to a legal separation or divorce, then you must attach a copy of the court decree.

FOR MARRIED PARTICIPANTS - I UNDERSTAND THAT I MUST INFORM THE PLAN ADMINISTRATOR OF ANY CHANGE IN MY MARITAL STATUS

- ☐ **Married** with spouse as sole primary beneficiary - (spouse's signature is not required).
- ☐ **Married** with spouse **not** as sole primary beneficiary (spouse's signature is **required** in Section 3). I am married and designate the individual(s) named below to receive death benefits in accordance with the Policy provisions.
Note: If you are married and do not name your spouse as the sole primary beneficiary, your spouse must sign the consent in Section 3. The Plan Administrator or Notary Public must witness the signature.

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BENEFICIARY DESIGNATION – PAGE 2

Please Print – Do Not Use Correction Fluid

PRIMARY BENEFICIARY(IES) – The party or parties who are named herein to receive the proceeds of the policy.					
Name (First, Middle, Last)	Address (Street, City, State, Zip)	Relationship	Date of Birth	SSN	Percentage

CONTINGENT BENEFICIARY(IES) The party or parties who will receive the proceeds of the policy if the primary beneficiary(ies) should die before the insured and a subsequent change to the primary beneficiary has not been made.					
Name (First, Middle, Last)	Address (Street, City, State, Zip)	Relationship	Date of Birth	SSN	Percentage

*Distributions will be paid to the primary beneficiaries unless they are also deceased, in which case the proceeds will be paid to the contingent beneficiaries.

If a minor is a primary beneficiary, please indicate the legal guardian to whom the distribution is to be paid: _____

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BENEFICIARY DESIGNATION FORM - PAGE 3

SECTION 2 – NOTICE OF SURVIVOR ANNUITY

If you are married and die before commencing distribution of your benefits (if any) under the POLICY, your vested account balance will be paid to your surviving spouse.

You have the right to waive the designation of your spouse as the sole beneficiary. The Plan Administrator or a Notary Public must witness your spouse's consent.

The required waiver to waive your spouse as your sole primary beneficiary is below.

SECTION 3 – SPOUSE'S CONSENT

Please be advised that I, _____, being of sound mind and body, hereby voluntarily waived any and all rights to which I may be entitled under the African Methodist Episcopal Church Group Life Insurance Policy as the married spouse of Reverend _____

I understand and agree that this authorization of waiver is irrevocable, and as such, cannot be rescinded, revoked, repealed, recalled, amended, or otherwise changed in any manner at any time in the future, irrespective of marital circumstances.

I further agree and attest that this authorization of waiver is completely voluntary and is not being given under any distress or coercion in any way.

In attestation of the foregoing in its entirety, I have caused my legal and notarized signature to be affixed below.

SECTION 4 – WITNESS OF SPOUSE'S SIGNATURE (ONLY ONE WITNESS SIGNATURE REQUIRED)

(X) _____
Print Spouse Name

(X) _____
Spouse Signature

(X) _____
Plan Administrator Signature

(X) _____
Date

(X) _____
Date

OR

Witness of Signature by Notary Public

Signature of Notary Public

Date

My Commission Expires: _____

AFRICAN METHODIST EPISCOPAL CHURCH
GROUP LIFE INSURANCE



BENEFICIARY DESIGNATION FORM - PAGE 4

SECTION 5 – REQUIRED SIGNATURES

I RESERVE THE RIGHT TO REVOKE OR CHANGE ANY BENEFICIARY DESIGNATION. I HEREBY REVOKE ALL PRIOR DESIGNATIONS (IF ANY) OF PRIMARY BENEFICIARIES AND CONTINGENT BENEFICIARIES.

The Trustee will pay all benefits under the Plan by reason of my death to the primary beneficiary, if he or she survives me, and if no primary beneficiary survives me, then to the contingent beneficiary, and if no named beneficiary survives me, then the Trustee will pay all amounts in accordance with the Plan. I understand that, unless I have provided otherwise above, the Trustee will pay all benefits payable to more than one beneficiary equally to the living beneficiaries.

(X)

Participant Signature

Date

(X)

Plan Administrator Signature

Date

FORMS MUST BE SIGNED AND DATED

PLEASE KEEP A COPY OF THIS FORM FOR YOUR RECORDS

THIS DESIGNATION REVOKES ALL PRIOR DESIGNATIONS FILED WITH THE PLAN ADMINISTRATOR

CHANGES TO THIS DESIGNATION OF BENEFICIARY MAY BE MADE AT ANY TIME BY COMPLETING A NEW FORM AND FILING IT WITH THE PLAN ADMINISTRATOR

Department of Retirement Services

African Methodist Episcopal Church

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