

# Annuity Board of the Southern Baptist Convention

## Instructions for Beneficiary Designation Form

For Church Annuity Plan, Convention Annuity Plan, Voluntary Annuity Plan, Ministers' Annuity Plan, Elective Church Annuity Plan  
Not for Life Insurance Benefits

### Use of form

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- **Plan provisions:** To designate a beneficiary(ies), or if you divorce after naming your spouse as beneficiary, or if you want to **revoke** a prior beneficiary designation, please complete this form according to the instructions. If there is no valid beneficiary designation at your death, the Southern Baptist Protection Program Church Annuity Plan, the Southern Baptist Protection Program Convention Annuity Plan, the Southern Baptist Voluntary Annuity Plan, the Southern Baptist Ministers' Annuity Plan, and the Southern Baptist Elective Church Annuity Plan provide that your beneficiary is:
  - your surviving spouse (if you are married);
  - if no spouse survives you, then your surviving children in equal shares;
  - if no children survive you, then your surviving parents in equal shares;
  - if none of the above, then your estate.
- **Spousal consent:** Spousal consent is required under the Church Annuity Plan, Convention Annuity Plan and the Elective Church Annuity Plan to name someone other than or in addition to your spouse as primary beneficiary. If you marry after making a beneficiary designation, your prior beneficiary designation is no longer valid and your new spouse is automatically your sole primary beneficiary. Spousal consent is not required under the Voluntary Annuity Plan or the Ministers' Annuity Plan. Therefore, marriage does not automatically invalidate a prior beneficiary designation under the Voluntary Annuity Plan or the Ministers' Annuity Plan.
- **Life insurance benefits:** Do not use this form to designate the beneficiary of life insurance benefits. Please contact the Annuity Board to obtain the applicable life insurance beneficiary designation form.

### General instructions for completing form

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- This form **must** be typed or completed in ink. If you make any changes to your written information, you must initial the changes. Corrections of a beneficiary's name in the Beneficiary Designation section will void this form. Your form will be returned if it is incomplete, is completed in pencil or contains changes which are not initialed.

**Important note:** If your marital status has changed and/or information you previously provided to the Annuity Board is no longer correct, please attach copies of the appropriate document(s) to verify the change (i.e., marriage certificate, death certificate, divorce decree).
- **Additional beneficiaries:** If you need additional space for designating beneficiaries, write "See Attached" in space for beneficiary designation and attach a separate page titled "Attachment to Beneficiary Designation Form."
- **Copy:** Please retain a copy of your completed form for your files.
- **Effective date:** A Beneficiary Designation Form will become effective only when it is received by the Annuity Board. Detach instructions and return completed form to:

Retirement Administration  
Annuity Board of the Southern Baptist Convention  
2401 Cedar Springs Rd.  
Dallas, TX 75201-1498  
1-800-262-0511



## General instructions for completing form

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**Box 1: Participant information:** List the full legal name of participant and spouse (if applicable) and other information as indicated. **Note:** If your marital status has changed and/or information you previously provided to the Annuity Board is no longer correct, please attach copies of the appropriate document(s) to verify the change (i.e., marriage certificate, death certificate, divorce decree).

**Box 2: Applicable plans:** Check the box beside the appropriate plan or benefit affected by this beneficiary designation. **Do not check more than one box.**

- If you want this beneficiary designation to apply to **all** retirement plans and benefits, check the first box only.
- If you want this beneficiary designation to apply only to a specific plan or account, check the second box and indicate the name of the plan/account.
- If you wish to designate beneficiaries for a specific annuity benefit payment, check the third box and specify the applicable payments. If you change your beneficiary designation for a specific plan or benefit, your prior designation will apply to other plans or benefits not affected by the designation on this form. If you need another Beneficiary Designation Form, please contact the Annuity Board.

**Box 3: Primary beneficiary(ies):** List for each primary beneficiary the name, date of birth, social security number, and percent designated (to total 100%) if not equal shares. Secondary beneficiary(ies) are designated in Box 4. Generally, if no primary beneficiary named is living at your death, benefits will be paid to the secondary beneficiary(ies).

**Spouse:** If you are married, your spouse is automatically the **sole** primary beneficiary of your retirement accumulations under the Convention Annuity Plan, Church Annuity Plan and Elective Church Annuity Plan. If you have a change in marital status, you must immediately notify the Annuity Board. If you marry after making a beneficiary designation, your marriage will automatically invalidate the prior beneficiary designation under the Convention Annuity Plan, Church Annuity Plan and Elective Church Annuity Plan, and your spouse automatically will be deemed to be your primary beneficiary unless and until you again execute a new Beneficiary Designation Form naming another person or an additional person as the primary beneficiary. A divorce will invalidate a designation of your spouse as beneficiary. **In order to name someone other than or in addition to your spouse as primary beneficiary, your spouse must complete the Spousal Consent section (Box 5). Your spouse may not revoke the consent to this beneficiary designation.** Spousal consent is **not** required under the Voluntary Annuity Plan or Ministers' Annuity Plan, and your subsequent marriage will not automatically invalidate a prior Voluntary Annuity Plan or Ministers' Annuity Plan beneficiary designation.

**Note:** In some cases, certain plan benefits are paid to persons specified by provisions of the plan rather than according to your beneficiary designation.

**Minors:** The Annuity Board cannot pay a death benefit directly to a minor. If you designate a minor as beneficiary, generally a probate court would have to appoint a guardian to receive and administer the death benefits for the minor. Do not write the name of a guardian on this form. You may prefer to provide for a minor by naming a trust established in your will (a "testamentary trust") as your beneficiary.

**Trusts:** Use of a trust as a beneficiary may have some unexpected consequences at your death. Unless your trust meets certain qualifications, your trust will not be considered a designated beneficiary for purposes of required minimum distributions. This means that payment options available to your trust may be limited. The person creating your trust should be able to provide you with information concerning whether your trust meets the qualifications to be considered a designated beneficiary for required minimum distributions.

**Employer or non-profit organizations:** A participant may designate a current or former employer as beneficiary but must designate a specific fund of the employer, such as an endowment or building fund. A participant may designate a non-profit organization as beneficiary. You must provide the full legal name and address of the employer or non-profit organization.

**Estate:** A participant may designate the participant's estate as beneficiary. The wording for designating a participant's estate is "my estate" or "the estate of (participant's name)."

**Box 4: Secondary beneficiary(ies):** Complete the secondary beneficiary section to designate persons to receive benefits in the event none of your primary beneficiaries are living at the time of your death. For each beneficiary, list the name, date of birth, social security number, and percent designated (to total 100%) if not equal shares. For minors and trusts, see instructions for Box 3, above.

**Box 5: Spousal consent:** If you are a participant of the Church Annuity Plan, Convention Annuity Plan or Elective Church Annuity Plan, this section must be signed by your spouse and the spouse's signature notarized if you name someone other than your spouse as primary beneficiary or if you name someone in addition to your spouse as primary beneficiary. Please see instructions for Box 3, above. Spousal consent is not required if this Beneficiary Designation Form applies to the Voluntary Annuity Plan or Ministers' Annuity Plan.

**Box 6: Participant signature:** You must sign and date the Beneficiary Designation Form.

# Annuity Board of the Southern Baptist Convention

## Beneficiary Designation Form

For Church Annuity Plan, Convention Annuity Plan, Voluntary Annuity Plan, Ministers' Annuity Plan, Elective Church Annuity Plan  
See instructions before completing form

### 1. Participant information

Participant name: _____		Social Security number: _____	
Home address: _____		Birth date: ____/____/____	Marital status: <input type="checkbox"/> Married <input type="checkbox"/> Single
City: _____	State: _____	ZIP Code: _____	Home telephone: (____) _____-_____
Spouse full legal name: _____		Birth date: ____/____/____ Social Security number: _____	

### 2. Applicable plans

This beneficiary designation applies to the retirement plans and/or benefits maintained by the Annuity Board listed below in which I am a participant: (Please check one.)

All retirement plans and benefits

Only \_\_\_\_\_ Plan/account

Only the following annuity benefit payment(s) I am receiving \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I designate the following persons as my beneficiaries to receive benefits payable from the plans listed above in the event of my death except for such benefits, if any, which are payable according to the terms of the applicable plan rather than under this beneficiary designation. The benefit will be paid to my primary beneficiaries living at my death and in equal shares to each unless otherwise indicated. If no primary beneficiary is living at my death, the benefit will be paid to my secondary beneficiaries living at my death and in equal shares to each unless otherwise indicated. If no primary or secondary beneficiary survives me, payment will be made according to the terms of the plans. For the plans listed above, all prior beneficiary designations, if any, are revoked.

### 3. Primary beneficiary(ies)

For each primary beneficiary, complete the information below. The percent designated must total 100% if not equal shares. Corrections to a beneficiary's name will void the designation.

Name	Relationship	Birth date	Social Security number	% Designated

### 4. Secondary beneficiary(ies)

Applicable only if there are no primary beneficiary(ies) living at participant's death. For each secondary beneficiary, please complete the information below. The percent designated must total 100% if not equal shares. Corrections to a beneficiary's name will void the designation.

Name	Relationship	Birth date	Social Security number	% Designated

**continued on other side**



**5. Spousal consent**

I, the spouse of the participant, consent to the beneficiary designation made in Box 3 and Box 4 above by the participant. I understand the beneficiary designation causes benefits payable from the plan(s) upon the death of the participant to be paid to the named beneficiary rather than to me or in addition to me, that such beneficiary designation is invalid without my consent, and that I may not revoke this consent.

Spouse signature: \_\_\_\_\_

Acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_ (month), \_\_\_\_\_ (year)

Notary Public: \_\_\_\_\_ (Seal)

State: \_\_\_\_\_ My commission expires: \_\_\_\_\_

**6. Participant signature**

Participant signature: \_\_\_\_\_ Date: \_\_\_\_\_

**For Annuity Board use only**

Processed by: \_\_\_\_\_ Date: \_\_\_\_\_