



# Designation of Beneficiary

**Pension Office**  
P.O. Box 675  
Syosset, NY 11791  
Tel: 516-922-0550  
Fax: 516-624-3153

**PARTICIPANT DATA:** Participant Number: \_\_\_\_\_

Full Legal Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
Home Address: \_\_\_\_\_ Home phone: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Marital Status:  Married  Single  Widowed  Divorced  My spouse cannot be located

**BENEFICIARY DATA:**

The Orthodox Church in America Pension Plan specifies that a Spouse's Benefit is payable to the Member's Spouse upon the death of the Member and is payable for the life of the spouse. If you are married and your spouse is not designated as your sole primary beneficiary, your designation is null and void unless your spouse consents to your designation and signs the spousal consent section on the reverse side of this form before a notary public or a representative of the plan. No consent is required if you do not have a spouse or your spouse cannot be located.

**PRIMARY BENEFICIARY:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Birth date: \_\_\_\_\_  
Address: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

**CONTINGENT BENEFICIARIES:**

Please use the back of this form if necessary.

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

This designation of beneficiary supersedes any and all such designations.

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**SPOUSAL CONSENT:** To be completed only if the participant is married and the spouse is not designated as the sole primary beneficiary.

I hereby irrevocably consent to and approve the beneficiary designation indicated on this form. By consenting to this designation, I acknowledge that death benefits otherwise payable to me will be reduced by the benefits payable to the individual(s) designated.

Full Signature of Spouse: \_\_\_\_\_ Date: \_\_\_\_\_  
Spouse's Home Address: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

**Witness:** (This form must be signed by a Notary Public OR a representative of the plan):

**STATE OF:** \_\_\_\_\_ **COUNTY OF:** \_\_\_\_\_

On this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, personally appeared before me \_\_\_\_\_, represented as the spouse of \_\_\_\_\_, who acknowledged and consented to the beneficiary designation on this form as his/her voluntary act and deed.

NOTARY SEAL

NOTARY PUBLIC: \_\_\_\_\_  
My Commission Expires: \_\_\_\_\_  
Or  
Representative of the Plan: \_\_\_\_\_