



Beneficiary Designation Form

1700 North Brown Rd, Suite 106, Lawrenceville, GA 30043 ▪ Phone: 800.789.8765 ▪ Fax: 678.825.1261

1 – Participant Information			
First Name	Middle	Last Name	
Date of Birth	SSN	Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married	
Address	City	State	ZIP
Email Address	Phone		
Spouse Name	Date of Birth	SSN	

2 – Apply Beneficiary Update To Plans	
This Beneficiary Designation or update applies to the plans maintained or administered by Geneva Benefits Group as noted below.	
<input type="checkbox"/>	Retirement Plans, Life Insurance plans and AD&D Insurance Plans
<input type="checkbox"/>	Retirement Plans
<input type="checkbox"/>	Insurance Plans
<input type="checkbox"/>	AD&D Insurance Plans

3 – Beneficiaries
<p>I designate the following persons or nonprofit organizations as my beneficiaries to receive benefits payable, under separate accounts, from the plans indicated in Section 2, 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. A participant may designate a charitable organization as beneficiary. You must provide the full legal name, address and Employer Identification Number of the nonprofit organization.</p> <p>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, under separate accounts, to my Secondary Beneficiaries living at my death and 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.</p> <p>For the plans described in Section 2, all prior Beneficiary Designations, if any, are revoked with this completed form.</p> <p>Designations: Indicate percentage for each beneficiary as Per Capita or Per Stirpes as explained below. <i>Per Capita</i>: The assigned surviving Primary or Secondary beneficiary(ies) will receive an equal share of the benefit. <i>Per Stirpes</i>: If an assigned Primary or Secondary beneficiary is not living at the time of your death, their designated percentage will be passed to their descendants.</p>

Primary Beneficiary

If married, your Spouse is typically listed as the sole Primary Beneficiary.

- For each Primary Beneficiary, add the requested information below.
- If you wish to give more than three, please attach a second signed and dated page listing additional Primary Beneficiaries with the requested details.
- Corrections to a Beneficiary name will void the Designation.
- The percent designated must total 100%.

Name	DOB	Relationship to You		Percent Designation _____ Per Capita
Address	City	State	ZIP	Email
Name	DOB	Relationship to You		Percent Designation _____ Per Capita
Address	City	State	ZIP	Email
Name	DOB	Relationship to You		Percent Designation _____ Per Capita
Address	City	State	ZIP	Email
Name	DOB	Relationship to You		Percent Designation _____ Per Capita
Address	City	State	ZIP	Email
Name *The Ministerial Relief Fund, Geneva Benefits Group (OPTIONAL)	TAX ID 74-3069926	Relationship Nonprofit		Percent Designation _____ Per Capita
Address 1700 N Brown Rd Ste 106	City/State/Zip Lawrenceville, GA 30043			Email N/A

** The Ministerial Relief Fund serves PCA retired pastors, widows and ministry workers in need. By designating the Ministerial Relief Fund as a beneficiary and completing the percentage of benefits proceeds where indicated, the designated percentage of benefits will be used as a donation to the ministry upon my death.*

Secondary Beneficiary

Secondary or Contingent Beneficiaries become the plan beneficiaries if the stated Primary Beneficiary or Beneficiaries are no longer living at the time of the Participant's death or if the Primary Beneficiary(ies) disclaim the benefit.

Secondary Beneficiary Name	DOB	Relationship to You		Percent Designation _____ Per Capita _____ Per Stirpes
Address	City	State	ZIP	Email
Secondary Beneficiary Name	DOB	Relationship to You		Percent Designation _____ Per Capita _____ Per Stirpes
Address	City	State	ZIP	Email
Secondary Beneficiary Name	DOB	Relationship to You		Percent Designation _____ Per Capita _____ Per Stirpes
Address	City	State	ZIP	Email
Secondary Beneficiary Name *The Ministerial Relief Fund, Geneva Benefits Group (OPTIONAL)	TAX ID 74-3069926	Relationship to You Nonprofit		Percent Designation _____ Per Capita _____ Per Stirpes
Address 1700 N Brown Rd Ste 106	City/State/ZIP Lawrenceville, GA 30043			Email N/A

4 – Spousal Consent (voluntary for those who live or have lived in a community property state while married)

Note regarding community property: If you have ever lived in a community property state (also known as marital property) while you were married, your spouse at that time may have certain rights to your retirement plan benefits and/or life insurance benefits. You may want to consult with your attorney for guidance on community property rights and whether spousal consent is required or advisable with respect to your beneficiary designation. Geneva Benefits Group and any insurer will not assume responsibility for determining whether your benefits are subject to community property laws or whether the consent provided below satisfies any applicable state law requirements with respect to the release of any applicable community property rights. Until Geneva Benefits Group receives a properly documented community property claim at the time of a retirement plan distribution, Geneva Benefits Group will not be liable to anyone for acting in accordance with the designation we have on file. You should consult your life insurance certificates for any requirements imposed by the insurer with respect to life insurance benefits.

Spousal Consent: *I am aware there are important tax and other consequences of giving up one's community property interest and I acknowledge that I have been advised to see a tax and/or legal professional regarding these consequences. I certify that I am the spouse of the participant named above. I acknowledge that I have received a fair and reasonable disclosure of my spouse's property and financial obligations.*

I hereby give the participant any interest I have in the benefits provided under the plans indicated above and consent to the beneficiary designation(s) indicated above. I voluntarily and irrevocably give up my right to a death benefit that I may be entitled to under such plans. I assume full responsibility for any adverse consequences that may result. No tax or legal advice was given to me by Geneva Benefits Group.

Print Name of Participant's Spouse

First Name	Middle Name	Last Name
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Signature of Participant's Spouse

Signature	Date
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Notary (voluntary for those who live or have lived in a community property state while married)

Notary Name	Expires
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Sworn to and witnessed by me, this	Day	Month	Year
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Notary Public Signature	Notary Seal
Date	

5 – Participant Signature

Participant Signature	Date
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6 – Submit Completed Form to Geneva Benefits Group

- Review this form and confirm all requested information is provided. *Incomplete forms will not be processed.*
- Make a copy of this form for your records.
- If Spousal and Participant signatures required witness of a Notary Public, mail the signed original form to:
Geneva Benefits Group
1700 North Brown Road, Suite 106
Lawrenceville, GA 30043
- To send un-notarized forms by secure Email, request a secure link by emailing benefits@genevabenefits.org.
- You may also fax un-notarized forms to 678-825-1261