

Christian Brothers Employee Retirement Plan Beneficiary Designation Form

Please print or type all information and return to:

Christian Brothers Employee Retirement Plan
1205 Windham Parkway, Romeoville, IL 60446-1697
Fax: 630-378-2507 * E-mail: rpscustomerservice@cbservices.org

SECTION A - EMPLOYEE INFORMATION

Last Name	First Name	Middle Initial
Street Address: Check if new	City/State:	Zip Code:
Soc. Sec. No.:	Employer:	
Marital Status:	Married (Read and Complete Section B; complete Section D if applicable) Not Married (Read and complete Section C; complete Section D if applicable. Witness must sign in your presence)	

SECTION B - MARRIED

I am married and I understand that my spouse may be entitled to a retirement benefit in the event of my death. If I want to name a contingent beneficiary I should complete Section D below.

Spouse's Name:	Spouse's Birth date:	Date of Marriage:
Spouse's Address:		

SECTION C - NOT MARRIED

I am not married and hereby designate the following person(s) as primary beneficiary(ies) to receive, in the event of my death, any other benefits to which I may be entitled, less any benefits which I and/or any joint pensioner duly designated by me under said Plan may have received, according to the terms and conditions provided in the Plan at the time of death.

Primary Beneficiary(ies): I designate the following as my beneficiaries (revoking any prior designation) to receive benefits payable under the Plan in the event of my death:

Name	Relationship	DOB	Soc. Sec. No.	%
Mailing Address				Allocation
Name	Relationship	DOB	Soc. Sec. No.	%
Mailing Address				Allocation

SECTION D - CONTINGENT BENEFICIARY DESIGNATION (IF APPLICABLE)

Contingent Beneficiary: If living, designate to the above; if not living designate to:

Name	Relationship	DOB	Soc. Sec. No.	%
Mailing Address				Allocation
Name	Relationship	DOB	Soc. Sec. No.	%
Mailing Address				Allocation

The above "Beneficiary(ies) Designation" is subject to my right to change it at any time by filing a new written beneficiary designation form with the Christian Brothers Employee Retirement Plan on a form furnished to me upon request.

Employee Signature: _____ **Date Signed:** _____

Signed In the Presence Of (witness): _____

WITNESS SHOULD NOT BE THE PRIMARY BENEFICIARY