

ENROLLMENT KIT
for
The Board of Pensions & Relief
of
The Reformed Episcopal Church
in the United States of America
Retirement Plan

This enrollment kit contains a personal fact sheet and a beneficiary designation form which should be completed upon receipt. Please be sure to read the instructions for completion of the Beneficiary Designation Forms carefully before filing them out.

The PERSONAL FACT SHEET and BENEFICIARY DESIGNATION FORMS must be completed and returned to:

**The Reformed Episcopal Church
Board of Pensions and Relief
200 Glen Gary Drive
Havertown, PA 19083**

Personal Fact Sheet

Reformed Episcopal Church & Anglican Province of America Retirement Plan & Trust

If you have not previously completed a Personal Fact Sheet, or need to update your personal data, or wish to change your Beneficiary Designation, please complete this form and return it to the address listed below.

Please fill in the following information:

Social Security Number: _____ - _____ - _____

Church: _____

Name: _____
First Name Middle Initial Last Name

Spouse's Name: _____
First Name Middle Initial Last Name

Preferred Mailing Address: _____
Email

Address

City State Zip Code

Daytime Phone Number: (____) _____ Other Phone Number: (____) _____

Date of Birth: ____/____/____ Date of Hire: ____/____/____ Date of Ordination to the Presbyterate: ____/____/____

Address of Primary Beneficiary(s) if different from above:

Email

Address

City State Zip Code

Please send completed form to

Board of Pensions and Relief
200 Glen Gary Drive
Havertown, PA 19083

Beneficiary Designation Form

I, _____, (print name) have read the accompanying explanation of my beneficiary designation requirements, and in the event of my death before retirement, I hereby nominate the following as my primary beneficiary(ies) to receive the death benefit from the Plan.

I hereby nominate the following as my primary beneficiary(ies):

<u>Name</u>	<u>SSN</u>	<u>Relationship</u>	<u>Percentage</u>
_____ /	____ - ____ - ____ /	_____ /	_____
_____ /	____ - ____ - ____ /	_____ /	_____
_____ /	____ - ____ - ____ /	_____ /	_____

In the event the above named beneficiary(ies) are not living at the time of my death, the benefits shall be paid to the following:

<u>Name</u>	<u>SSN</u>	<u>Relationship</u>	<u>Percentage</u>
_____ /	____ - ____ - ____ /	_____ /	_____
_____ /	____ - ____ - ____ /	_____ /	_____
_____ /	____ - ____ - ____ /	_____ /	_____

The execution of this Beneficiary Designation and delivery thereof to the Plan Administrator revokes all prior nomination of beneficiaries that I have made. I also reserve the right at any time, to revoke or modify this direction.

This Beneficiary Designation shall be construed such that unless otherwise indicated, distributions shall be per stirpes, where applicable, and if simple designation "Children" is used, the children born or adopted after the date of this designation shall be included.

I understand that a change in my marital status will affect the validity of this Beneficiary Designation and agree to inform the Plan Administrator should such a change occur.

I hereby certify that I | am | am not married. (check applicable box).

Date

Signature

NOTICE TO PARTICIPANTS OF BENEFICIARY DESIGNATION

Attached is a Beneficiary Designation Form for you to complete in order to designate specific beneficiary(ies) to receive any death benefits payable from our plan. The following information is intended to assist you in properly completing this form. It is essential that you carefully read this information prior to completing and submitting the form to the Plan Administrator. If the form is not properly completed, it can be determined to be invalid and the default provisions for death benefit payments could be invoked. This could mean that your desired beneficiary would not receive the death benefits under the plan.

Spousal Consent:

If you die before receiving any or all of your benefits and you are married at the time of your death, any benefits (including proceeds from life insurance) which have not yet been paid to you must be paid in accordance with the Plan, to your surviving spouse. You can elect to waive this automatic 100% spousal death benefit and elect an alternate beneficiary(ies), but your spouse must consent to that election in writing before a notary public or a plan representative. **If the spousal consent requirements are not met, the beneficiary designation form would be rendered invalid.**

Changes in Beneficiaries:

You may revoke any election and substitute a new beneficiary at any time before you death. However, if such a reelection designates a beneficiary(ies) other than your spouse, spousal consent as described above, is required. Any election may be revoked simply by providing a new, properly completed Beneficiary Designation Form to the Plan Administrator.

Effect of Marital Status:

If you are not married you may elect any beneficiary(ies). If you are single and marry or remarry, all old elections become invalid.

Effect of Divorce:

A divorce decree or Qualified Domestic Relations Order *does not automatically take the place of or invalidate* the latest beneficiary designation form on file with the Plan Administrator. To be certain that your death benefits are paid to the beneficiary(ies) of your choice, be sure to complete a new Beneficiary Designation Form.

Effect of Marriage or Remarriage:

If you should marry, the *marriage automatically invalidates* any previous beneficiary designation form you have on file with the Plan Administrator.

Effect of Pre-nuptial agreements:

A Pre-nuptial agreement makes no difference, you must complete a new beneficiary designation form regardless of any pre-nuptial agreement and spousal consent must be obtained, if it would otherwise be required.

Trust Beneficiary:

If you name a trust as a beneficiary, you also must satisfy additional documentation requirements prior to your death. The Plan Administrator will provide you with a list of the additional information you must provide.

If you have a valid beneficiary designation form on file with the Plan Administrator at the time of your death, any death benefits payable under the Plan will be paid to the beneficiary(ies) you have designated. If you do not have a valid Beneficiary Designation Form on file, benefits will be paid in accordance with the default provisions in the Plan Document.