



P. O. Box 1857
Memphis, TN 38101-1857

280 Hernando Street Suite 300
Memphis, TN 38126

Email: amec_des@bellsouth.net

RE: AMEC MINISTERIAL RETIREMENT PLAN/GROUP LIFE INSURANCE PLAN

Dear Annuitant:

Thank you for contacting us regarding your account. It is a pleasure to be of service.

Enclosed is the form(s) you requested. Please be aware that incomplete forms may be returned to you for completion which will delay the processing of your request.

Use the checklist below to ensure that you complete the Beneficiary Form correctly:

PLEASE PRINT – DO NOT USE ANY CORRECTION FLUID – INITIAL ANY CHANGES	
	You must list at least One (1) Primary Beneficiary
	Primary beneficiaries' percentages must add up to a total of 100%
	Contingent beneficiaries' percentages must add up to a total of 100%
	The same person cannot be listed as both a primary and contingent beneficiary
	When a trust is being named as a beneficiary, we require the name of the trust, name of the trustee(s) and the full date of the trust
	Form must be signed (original signature – digital signature not accepted) and dated in the required section by the annuitant

Please see the signature section of the form to determine if any additional signatures are required.

If you have any questions or we can be of further assistance, please call our office at 800-992-6327, Monday through Friday, between 8:00 AM and 4:00 PM, Central Standard Time. The completed form(s) may also be submitted by fax to 901-527-2007.

Sincerely,

Jerome V. Harris, D.D.
Executive Director/Plan Administrator

Enclosures

African Methodist Episcopal Church Ministerial Retirement Plan



BENEFICIARY DESIGNATION FOR ANNUITY PLAN – PAGE 1

Changes must be made while the participant is living, are effective as of the date signed, and must be received and recorded by the Department of Retirement Services of the African Methodist Episcopal Church to be valid.

Participant Name: _____

Print or Type Complete Legal Name-First, Middle, Last

Social Security Number: _____

Street Address: _____

City: _____

State: _____

Zip: _____

Phone: _____

Email: _____

Check One:

New Designation

Change

SECTION 1 – BENEFICIARY DESIGNATION

Regarding any amount payable under the Plan by reason of my death, I hereby mark the option applicable to my situation and make the following beneficiary designation:

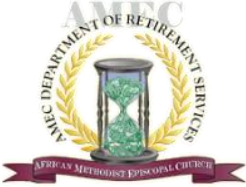
FOR UNMARRIED PARTICIPANTS (INCLUDING WIDOWED, DIVORCED, OR LEGALLY SEPARATED)

- Not Married** and designate the individual(s) named below to receive death benefits from the Plan. I understand if I marry, this designation is void one year after my marriage. **Note:** If changing your beneficiary due to a legal separation or divorce, then you must attach a copy of the court decree.

FOR MARRIED PARTICIPANTS - I UNDERSTAND THAT I MUST INFORM THE PLAN ADMINISTRATOR OF ANY CHANGE IN MY MARITAL STATUS

- Married** with spouse as sole primary beneficiary - (spouse's signature is not required).
- Married** with spouse **not** as sole primary beneficiary (spouse's signature is **required** in Section 3). I am married and designate the individual(s) named below to receive death benefits in accordance with the Plan provisions. **Note:** If you are married and do not name your spouse as the sole primary beneficiary, your spouse must sign the consent in Section 3. The Plan Administrator or Notary Public must witness the signature.

AFRICAN METHODIST EPISCOPAL CHURCH MINISTERIAL RETIREMENT PLAN



BENEFICIARY DESIGNATION FORM - PAGE 2

Please Print – Do Not Use Correction Fluid

PRIMARY BENEFICIARY(IES) – The party or parties who have first rights to receive benefits when benefits become payable.					
Name (First, Middle, Last)	Address (Street, City, State, Zip)	Relationship	Date of Birth	SSN	Percentage

CONTINGENT BENEFICIARY(IES) – The party or parties who will receive benefits if the primary beneficiary(ies) should die before the insured and a subsequent change to the primary beneficiary has not been made.					
Name (First, Middle, Last)	Address (Street, City, State, Zip)	Relationship	Date of Birth	SSN	Percentage

*Distributions will be paid to the primary beneficiaries unless they are also deceased, in which case the distributions will be paid to the contingent beneficiaries.

If a minor is a primary beneficiary, please indicate the legal guardian to whom the distribution is to be paid: _____

Note to Participant:

- (1) **Estate Planning** - If you are not certain how the death distribution of your Plan account affects the disposition of your entire estate, or if you have any questions regarding the estate planning consequences of your beneficiary designation, you may wish to consult with a professional tax advisor before completing this Beneficiary Designation Form.
- (2) **Effect of Divorce** – A divorce decree revokes a designation of your spouse as a beneficiary, unless the decree or a Qualified Domestic Relations Order provides otherwise.

AFRICAN METHODIST EPISCOPAL CHURCH MINISTERIAL RETIREMENT PLAN



BENEFICIARY DESIGNATION FORM - PAGE 3

SECTION 2 - NOTICE OF SURVIVOR ANNUITY

If you are married and die before commencing distribution of your benefits (if any) under the Plan, your vested account balance will be paid to your surviving spouse.

You have the right to waive the designation of your spouse as the sole beneficiary. The Plan Administrator or a Notary Public must witness your spouse's consent.

The required waiver to waive your spouse as your sole primary beneficiary is below.

SECTION 3 - SPOUSE'S CONSENT

Please be advised that I, _____, being of sound mind and body, hereby voluntarily waived any and all rights to which I may be entitled under the African Methodist Episcopal Church Retirement Annuity Investment Plan and/or ERISA (Employee Retirement Investment Security Act) as the married spouse of Reverend _____.

I understand and agree that this authorization of waiver is irrevocable, and as such, cannot be rescinded, revoked, repealed, recalled, amended, or otherwise changed in any manner at any time in the future, irrespective of marital circumstances.

I further agree and attest that this authorization of waiver is completely voluntary and is not being given under any distress or coercion in anyway.

In attestation of the foregoing in its entirety, I have caused my legal and notarized signature to be affixed below.

SECTION 4 - WITNESS OF SPOUSE'S SIGNATURE (ONLY ONE WITNESS SIGNATURE REQUIRED)

(X) _____
Print Spouse Name

(X) _____
Spouse Signature

(X) _____
Plan Administrator Signature

(X) _____
Date

(X) _____
Date

OR

Witness of Signature by Notary Public

Signature of Notary Public

Date

My Commission Expires: _____

AFRICAN METHODIST EPISCOPAL CHURCH GROUP LIFE INSURANCE PLAN



BENEFICIARY DESIGNATION FORM GROUP LIFE INSURANCE - PAGE 4

Please Print – Do Not Use Correction Fluid

PRIMARY BENEFICIARY(IES) – The party or parties who are named herein to receive the proceeds of the policy.					
Name (First, Middle, Last)	Address (Street, City, State, Zip)	Relationship	Date of Birth	SSN	Percentage

CONTINGENT BENEFICIARY(IES) The party or parties who will receive the proceeds of the policy if the primary beneficiary(ies) should die before the insured and a subsequent change to the primary beneficiary has not been made.					
Name (First, Middle, Last)	Address (Street, City, State, Zip)	Relationship	Date of Birth	SSN	Percentage

*Distributions will be paid to the primary beneficiaries unless they are also deceased, in which case the proceeds will be paid to the contingent beneficiaries.

If a minor is a primary beneficiary, please indicate the legal guardian to whom the distribution is to be paid: _____

**AFRICAN METHODIST EPISCOPAL CHURCH
MINISTERIAL RETIREMENT PLAN
GROUP LIFE INSURANCE**



BENEFICIARY DESIGNATION FORM - PAGE 5

SECTION 5 - REQUIRED SIGNATURES

I RESERVE THE RIGHT TO REVOKE OR CHANGE ANY BENEFICIARY DESIGNATION. I HEREBY REVOKE ALL PRIOR DESIGNATIONS (IF ANY) OF PRIMARY BENEFICIARIES AND CONTINGENT BENEFICIARIES.

The Trustee will pay all benefits under the Plan by reason of my death to the primary beneficiary, if he or she survives me, and if no primary beneficiary survives me, then to the contingent beneficiary, and if no named beneficiary survives me, then the Trustee will pay all amounts in accordance with the Plan. I understand that, unless I have provided otherwise above, the Trustee will pay all benefits payable to more than one beneficiary equally to the living beneficiaries.

(X)	_____	_____
	Participant Signature	Date
(X)	_____	_____
	Plan Administrator Signature	Date

FORMS MUST BE SIGNED AND DATED

PLEASE KEEP A COPY OF THIS FORM FOR YOUR RECORDS

THIS DESIGNATION REVOKES ALL PRIOR DESIGNATIONS FILED WITH THE PLAN ADMINISTRATOR

CHANGES TO THIS DESIGNATION OF BENEFICIARY MAY BE MADE AT ANY TIME BY COMPLETING A NEW FORM AND FILING IT WITH THE PLAN ADMINISTRATOR

Department of Retirement Services

**African Methodist Episcopal Church
P. O. Box 1857 | Memphis, TN 38101-1857
280 Hernando Street | Suite 300 | Memphis, TN 38126**

**Telephone: 901-527-2006
Fax Number: 901-527-2007**

**Email: amec_des@bellsouth.net
Website: www.amecdaii.org**