

STEP 1: PERSONAL INFORMATION

Free Church Ministers' & Missionaries' Retirement Plan

901 East 78th Street, Minneapolis, MN 55420-1300 (800) 995-5357 | fcmm@fcmmbenefits.org

FORM 02: PARTICIPANT BENEFICIARY DESIGNATION

Designate the individuals whom you wish to receive your account balance under the FCMM Retirement Plan upon your death. This form must be completed by all participants. Please send the completed form to FCMM and keep a copy for your records.

Marital Status: Single Married Divorced Widowed STEP 2: DESIGNATE YOUR PRIMARY BENEFICIARY Please note the following when making your Primary Beneficiary Designations: Your current (and future) marital status has a significant impact on your legal beneficiary under the terms of the Plan. If you are currently single and marry at a future date, your new spouse will automatically become your Primary Beneficiary subject to the requirements in the Plan document. A participant's divorce shall revoke any beneficiary designation in favor of the participant's spouse made prior to the divorce. Until a new beneficiary designation form is filed with FCMM, benefits will be payable as if the former spouse had predeceased the participant.	Participant's Full Legal Name:							
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FORM 02: PARTICIPANT BENEFICIARY DESIGNATION (PAGE 2)

STEP 3: CONTINGENT BENEFICIARY(S) - *This section is optional, but completion is advised.* If your Primary Beneficiary does not survive you, and you have not named a Contingent Beneficiary, your account may be forced out to your estate to go through probate.

Part A

Beneficiaries per your designations below. *Total Designations must equal 100%. I would like to indicate my children named in Part B and my future lawful living children, as my CONTINGENT Beneficiary(s) Default Designation: Equal Shares Other Designation (must indicate designation percent per person in Part B below) I would like to indicate the individual(s) named in Part B as my CONTINGENT Beneficiary(s) Default Designation: Equal Shares Other Designation (must indicate designation percent per person in Part B below) I would like to indicate the Trust and/or Charity named in Part B as my CONTINGENT Beneficiary Part B Please complete the information below for each CONTINGENT Beneficiary. Designated shares of benefit will be equal shares* for all Contingent Beneficiaries unless otherwise specified. Attach an additional page if needed. Child(ren) or Other Individual(s) as CONTINGENT Beneficiary Name: SSN: Birthdate: Designation: Name: SSN: Birthdate: Designation: Designation: D	. all =09al (tallio		. a.c. idonanou i i i i i i i i i i i i i i i i i i i				
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FORM 02: PARTICIPANT BENEFICIARY DESIGNATION (PAGE 3)

STEP 4: SIGNATURE	
Your beneficiary designation is subject to the term	ns of the Plan and is not effective until accepted and approved by FCMM.
O I certify that I am NOT married	O I certify that I am married
Signature (Electronic signatures NOT accepted)	Date
STEP 5: SPOUSAL CONSENT & NOTARIZ	ATION (if applicable)
NOTE: This step is only required if you are marrie	ed and your spouse is <u>not</u> the sole Primary Beneficiary.
I,Printed Name of Participant's Spouse	, consent to the beneficiary designation made by my spouse. I
understand with this consent that I hereby waive unless a new designation is completed and delive	the payment of any survivor death benefit available to me under this Planered to FCMM.
Spouse Signature:	Date:
Printed Name Notary Public:	Notary Public's Signature:
Notary Date & Seal:	
STEP 6: FORM SUBMITTAL	
Please submit this completed form to FCMM File Exchange.	using one of the methods noted below, preferably using our Secure
<u>Secure File Exchange</u> https://fcmmbenefits.leapfile.net	Mail FCMM Benefits & Retirement 901 East 78 th Street Minneapolis, MN 55420
Questions? Contact FCMM Client Services a	t fcmm@fcmmbenefits.org or (800)995-5357
A copy of FCMN	N's Privacy Notice can be found at fcmmbenefits.org
FOMM USE ONLY	
No. Received in Good Order	Processed