

BENEFICIARY DESIGNATION FORM - ACTIVE WORKER
Concordia Disability & Survivor Plan and Accident Insurance Plan

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Concordia Plan Services
 The Lutheran Church—Missouri Synod
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A PARTICIPANT INFORMATION

After reading instructions on reverse side, please print clearly and complete all information.

 Last Name, First Name, Initial Social Security Number

 Home Address: Street City State Zip Code Phone Number

 Employer Name City State Zip Code Phone Number

Use this form to name the person(s) you wish to receive the benefit payable in the event of your death. You can change or revoke this designation at any time by sending in a new form. Please check the appropriate box if this designation is for:

- ONLY** Concordia Disability and Survivor Plan **ONLY** All-Cause Accident Insurance Program
 BOTH Concordia Disability and Survivor Plan AND All-Cause Accident Insurance Program

B BENEFICIARY DESIGNATION

I hereby make the following designation for the distribution of any benefit payable at the time of my death:

Primary Beneficiary(ies): [Person or persons first in order to receive the death benefit]

 Name Social Security Number Relationship

 Address City State Zip Code

 Name Social Security Number Relationship

 Address City State Zip Code

MUST BE COMPLETED
_____ % Allocation
+
_____ % Allocation

Total Primary Beneficiary Allocation Must Equal: 100%

Secondary Beneficiary(ies): [Person or persons who receive the death benefit if the Primary Beneficiary(ies) pre-deceases you]

 Name Social Security Number Relationship

 Address City State Zip Code

 Name Social Security Number Relationship

 Address City State Zip Code

 Name Social Security Number Relationship

 Address City State Zip Code

MUST BE COMPLETED
_____ % Allocation
+
_____ % Allocation
+
_____ % Allocation

Total Secondary Beneficiary Allocation Must Equal: 100%

If you need more room to designate beneficiaries, please attach a separate sheet with your name, Social Security Number, signature, date, the words "CDSP/AIP," and your additional Primary and/or Secondary Beneficiaries.

C SIGNATURE OF PARTICIPANT

I understand that this beneficiary designation will become effective upon receipt and approval of this Beneficiary Designation form by Concordia Plan Services and that it will remain in effect until a new Beneficiary Designation form signed by me is received by Concordia Plan Services. I further understand that in the event of a dispute as to the eligible beneficiary(ies) at the time of my death, the determination of Concordia Plan Services will be final and conclusive. I do hereby, for myself, my beneficiaries, heirs, executors, and administrators, release Concordia Plan Services from any and all liability for any and all payments that may be made as a result of and in accordance with this Beneficiary Designation form.

X _____

SIGNATURE OF PARTICIPANT

DATE

INSTRUCTIONS

1. If you participate in the Concordia Disability and Survivor Plan and/or the All-Cause Accident Insurance program, a lump-sum death benefit is provided in the event of your death. Use this form to indicate the person(s) you wish to receive the benefit(s).
2. Your beneficiaries do not have to be dependents or relatives. You can name any person, a trust, or an institution except you cannot legally designate your own employer as a beneficiary under the Concordia Disability and Survivor Plan and/or the All-Cause Accident Insurance Program. However, the same result can be achieved by designating “Estate” and providing a bequest to the employer via your Will. You can designate any other organization having a legal entity within the Synod (example: a congregational pastor can designate The Lutheran Church—Missouri Synod Foundation as a beneficiary). To designate a trust as a beneficiary, please list the name and date of the trust, and the name of the trustee(s).
3. If you are naming a Trust as your beneficiary, please note the name of the Trust under “Name” and write “Trust” under relationship and “Not applicable” for Social Security Number.
4. When naming a person as a beneficiary, list the person’s full name, Social Security Number, their relationship to you, and the person’s home address. A married woman must be designated by her own given name (example: Mrs. Mary Doe), not listed as “Mrs. John Doe.”
5. It is normally recommended that minor children not be listed as beneficiaries since payments cannot be made to minors. If your beneficiary is a minor at the time of your death, guardianship papers for the estate and/or property of the minor child must be secured by the surviving parent or the child’s guardian in order to receive the death benefit(s).
6. If no beneficiary is named, or if no named beneficiary survives you, the insurance company may, at its option, pay:
 - a. up to \$2,000 of your life insurance to any party that they deem is entitled because of their payment of burial expenses. The Plan and the insurance company will be released from further liability for any amount so paid; and/or
 - b. the executors or administrators of your estate; or
 - c. your surviving relatives in the following order:
 1. all to your surviving spouse; or
 2. if your spouse does not survive you, in equal shares to your surviving children; or
 3. if no child survives you, in equal shares to your surviving parents.

Primary Beneficiary

- Your **Primary Beneficiary(ies)** is the individual(s), institution(s), and/or trust(s) you name to receive the lump-sum death benefit payable from the Concordia Disability and Survivor Plan and/or the All-Cause Accident Insurance Program upon your death.
- If you name more than one Primary Beneficiary, your death benefit will be divided among the Primary Beneficiary(ies) you name in the proportions you specify. If no proportions are specified, the benefit will be divided equally among the Primary Beneficiaries.
- If one or more of your Primary Beneficiaries should die before you, the death benefit will be divided pro-portionately among the surviving Primary Beneficiaries.
- If all of your Primary Beneficiaries die before you, the death benefit will be paid to your Secondary Beneficiaries.

Secondary Beneficiary

- Your **Secondary Beneficiary(ies)** is the individual(s), institution(s), and/or trust(s) you name to receive the lump-sum death benefit payable from the Concordia Disability and Survivor Plan and/or the All-Cause Accident Insurance Program upon your death **if** none of your Primary Beneficiaries are alive at the time of your death.

If none of your Primary Beneficiaries survives you, then:

- Your Secondary Beneficiaries will receive the death benefit upon your death.
- The death benefit will be divided among your Secondary Beneficiaries in the proportions you specify. If no proportions are specified, the death benefit will be divided equally among the Secondary Beneficiaries.
- If one or more of your Secondary Beneficiaries dies before you, the death benefit will be divided proportionately among your remaining Secondary Beneficiaries. If all of your Secondary Beneficiaries (as well as your Primary Beneficiaries) die before you, the death benefit will be paid as stated above.