



Designation of Beneficiary

Pension Office

P.O. Box 8121

Hicksville, NY 11802-8121

Tel: 516-464-0322

Fax: 516-464-0367

Email: pension@ocapension.org

MEMBER DATA:

Full Legal Name: _____ Social Security Number: _____

Home Address: _____ Home phone: _____

_____ Date of Birth: _____

Marital Status: Married Single Widowed Divorced My spouse cannot be located

BENEFICIARY DATA:

The Orthodox Church in America Pension Plan specifies that a Spouse's Benefit is payable to the Member's Spouse upon the death of the Member and is payable for the life of the spouse. If you are married and your spouse is not designated as your sole primary beneficiary, your designation is null and void unless your spouse consents to your designation and signs the spousal consent section on the bottom side of this form before a notary public or a representative of the plan. No consent is required if you do not have a spouse or your spouse cannot be located. **You must elect at least one Primary beneficiary.** You can designate multiple primary and contingent beneficiaries.

Please select Primary or Contingent for each beneficiary

Primary: Name: _____ Relationship: _____ Birth date: _____

Contingent: Address: _____ Social Security Number: _____

Please select Primary or Contingent for each beneficiary

Primary: Name: _____ Relationship: _____ Birth date: _____

Contingent: Address: _____ Social Security Number: _____

Please select Primary or Contingent for each beneficiary

Primary: Name: _____ Relationship: _____ Birth date: _____

Contingent: Address: _____ Social Security Number: _____

Please select Primary or Contingent for each beneficiary

Primary: Name: _____ Relationship: _____ Birth date: _____

Contingent: Address: _____ Social Security Number: _____

This designation of beneficiary supersedes any and all such designations.

Member Signature: _____ Date: _____

SPOUSAL CONSENT: To be completed only if the member is married and the spouse is not designated as the sole primary beneficiary.

I hereby irrevocably consent to and approve the beneficiary designation indicated on this form. By consenting to this designation, I acknowledge that death benefits otherwise payable to me will be reduced by the benefits payable to the individual(s) designated.

Full Signature of Spouse: _____ Date: _____

Spouse's Home Address: _____ Social Security Number: _____

Witness: (This form must be signed by a Notary Public OR a representative of the plan):

STATE OF: _____ **COUNTY OF:** _____

On this ____ day of _____, 20____, personally appeared before me _____, represented as the spouse of _____, who acknowledged and consented to the beneficiary designation on this form as his/her voluntary act and deed.

NOTARY SEAL

NOTARY PUBLIC: _____

My Commission Expires: _____

Or
Representative of the Plan: