



Beneficiary Designation Form Episcopal Church Lay Employees Defined Contribution Retirement Plan

Instructions: Please complete this form and sign it on the back. In the future you may revoke this form and designate a different beneficiary by completing and sending another Beneficiary Designation Form to the Church Pension Group. If you do not submit this completed form: 1) If you are married, your beneficiary will be your spouse; and 2) If you are not married, or your spouse does not survive you, your accounts will be distributed according to the provisions of the plan.

Please complete this form and return it in the envelope to:

The Church Pension Group, 445 Fifth Avenue, New York, NY 10016.

Questions? Call a Retirement Services Specialist at 1-877-208-0092 Monday through Friday from 8:00 A.M. to midnight ET.

1. YOUR INFORMATION

Please use a pen and print clearly in CAPITAL LETTERS.

This is a: New account Change to an existing beneficiary designation

Social Security #: -- Date of Birth: --

First Name & M.I.: Last Name:

Name of Current Employer/Site/Division:

Daytime Phone: -- Evening Phone: --

2. DESIGNATING YOUR BENEFICIARY(IES)

I am: Single Married

You are not limited to four primary and four contingent beneficiaries. To designate additional beneficiaries, please attach and sign a separate piece of paper.

When designating beneficiaries, please use whole percentages and be sure that the percentages for each group of beneficiaries (primary and contingent) total 100%. Your primary beneficiary cannot be your contingent beneficiary. If you designate a trust as a beneficiary, please include the trust's name and address, the date the trust was created, and the trustee's name.

Primary Beneficiary(ies)

I hereby designate the person(s) named below as primary beneficiary(ies) to receive payment of the value of my account(s) under the plan upon my death.

1. Individual or Trust Name: Percentage: %
Date of Birth or Trust Date: Relationship or Trustee Name:
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2. Individual or Trust Name: Percentage: %
Date of Birth or Trust Date: Relationship or Trustee Name:
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3. Individual or Trust Name: Percentage: %
Date of Birth or Trust Date: Relationship or Trustee Name:
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4. Individual or Trust Name: Percentage: %
Date of Birth or Trust Date: Relationship or Trustee Name:
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If more than one person is named and no percentages are indicated, payment will be made in equal shares to my primary beneficiary(ies) who survives me. If a percentage is indicated and a primary beneficiary(ies) does not survive me, the percentage of that beneficiary's designated share shall be divided equally among the surviving primary beneficiary(ies).

If there are no primary beneficiary(ies) living at the time of my death, I hereby specify that the value of my account is to be distributed to my contingent beneficiary(ies) listed below.

Contingent Beneficiary(ies)

1. Individual or Trust Name: Percentage: %
Date of Birth or Trust Date: Relationship or Trustee Name:
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2. Individual or Trust Name: Percentage: %
Date of Birth or Trust Date: Relationship or Trustee Name:
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3. Individual or Trust Name: Percentage: %
Date of Birth or Trust Date: Relationship or Trustee Name:
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4. Individual or Trust Name: Percentage: %
Date of Birth or Trust Date: Relationship or Trustee Name:
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Payment to contingent beneficiary(ies) will be made according to the rules of succession described under Primary Beneficiary(ies).

3. AUTHORIZATION AND SIGNATURE

- I certify under penalties of perjury that my Social Security number in Section 1 on this form is correct.
- I am aware that the beneficiary information included in this form becomes effective when received and will remain in effect until I complete, sign and mail an updated Beneficiary Designation Form to the Church Pension Group at a later date.
- I understand that I may designate a beneficiary for my assets accumulated under the plan and that if I choose not to designate a beneficiary, my beneficiary will be my surviving spouse, or if I do not have a surviving spouse, will be based on the provisions of the plan.
- I am aware that the beneficiary information provided herein shall apply to all my accounts under the plan and shall replace all previous designation(s) I have made on any of my accounts under the plan.

Your Signature:

Date:



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Fidelity Investments Institutional Operations Company, Inc.

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