

**Concordia Disability & Survivor Plan
 and Accident Insurance Program
 Beneficiary Designation Form - Active Worker**

PLEASE PRINT OR TYPE ALL INFORMATION IN BLUE OR BLACK INK

A	Instructions	
	<ol style="list-style-type: none"> 1. If you participate in the Concordia Disability and Survivor Plan and/or the Accident Insurance Program, a lump-sum death benefit is provided in the event of your death. Use this form to indicate the person or entity you wish to receive the benefit. 2. You can change or revoke this designation at any time by sending in a new, properly completed form. 3. 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. 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). 4. 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]. A Tax Identification Number (TIN) and a signed copy of the trust is needed at the time benefits are payable. 5. 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.” 6. 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, guardian papers for the estate and/or property of the minor child must be secured by the surviving parent or the child’s guardian and a copy submitted to Concordia Plan Services in order to receive the death benefit(s). 7. If no beneficiary is named, or if no named beneficiary survives you, the lump-sum death benefit will be paid to: <ol style="list-style-type: none"> a. your lawful spouse, if living; otherwise to b. your natural or legally adopted child(ren) in equal shares, if living; otherwise to c. your parents in equal shares, if living; otherwise to d. the personal representative of your estate. 	
B	Primary Beneficiaries	C Secondary Beneficiaries
	<ul style="list-style-type: none"> • Your Primary Beneficiary(ies) is the individual(s), institution(s) and/or trust(s) you name to receive the lump-sum death benefit payable upon your death. • If you name more than one Primary Beneficiary, your death benefit will be divided among the Primary Beneficiaries 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 proportionately among the surviving Primary Beneficiaries. • If all of your Primary Beneficiaries die before you, the death benefit will be paid to your Secondary Beneficiaries. 	<ul style="list-style-type: none"> • Your Secondary Beneficiary(ies) is the individual(s), institution(s), and/or trust(s) you name to receive the lump-sum death benefit payable upon your death if none of your Primary Beneficiaries are alive at the time of your death. <p>If none of your Primary Beneficiaries survives you, then:</p> <ul style="list-style-type: none"> • 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 die before you, the death benefit will be paid as stated in Number 7 above.

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C Participant Information

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

Title	Name (Last, First, Middle Initial)	Social Security Number
Home Address: Street	City	State Zip Code Home Phone Number
Email Address	Cell Phone Number	Work Phone Number
Employer Name	City	State Zip Code Phone Number

D Plan Designation

Please check the appropriate box if this designation is for:

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

E Beneficiary Designation

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

Primary Beneficiary(ies): [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): [Recipient of 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.

F Participant Signature

I understand that this beneficiary designation will become effective upon receipt of this Beneficiary Designation form by Concordia Plan Services. It will remain in effect until either (1) a new Beneficiary Designation form signed by me is received by Concordia Plan Services, or (2) my membership in the Concordia Disability and Survivor Plan and/or Accident Insurance Program is terminated. 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

Mail this form to: Concordia Plan Services • P.O. Box 229007 • St. Louis, MO 63122-9007 • Fax 314-996-1127