



**Concordia Retirement Plan
 RCA/SRA Beneficiary Designation Form
 for Active Workers**

PLEASE PRINT OR TYPE ALL INFORMATION IN BLUE OR BLACK INK

A	Instructions
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1. Workers enrolled in the Concordia Retirement Plan (CRP) may designate a beneficiary to receive payment of their Supplemental Retirement Account (SRA) and/or Retirement Cash Account (RCA), if applicable, if the worker dies after he/she has participated in the CRP for at least five (5) years. You may use this form to indicate the individual(s), institution(s), and/or trust(s) you wish to receive such a payment.
2. If you are married, your legal spouse (as defined in the CRP) is automatically the Primary Beneficiary for your SRA and/or RCA in accordance with the CRP provisions.
 - a. If you wish to retain your spouse as your Primary Beneficiary, you do not need to complete this form and no further action is required by you. You may, however, want to consider naming a Secondary Beneficiary in the event your spouse predeceases you.
 - b. If you wish to name a Primary Beneficiary other than your spouse, your spouse must complete the "Spousal Consent for Beneficiary Designation" (Section D of this form) and have it notarized. Then, you should designate an alternate Primary Beneficiary on the back side of this form.
3. You can change or revoke this designation at any time by sending in a new, properly completed form.
4. Your beneficiaries do not have to be dependents or relatives. You can name any person, a trust, or an institution except you cannot 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: you can designate The Lutheran Church—Missouri Synod Foundation as a beneficiary, unless the Foundation is your employer). To designate a trust as a beneficiary, please list the name and date of the trust, and the name of the trustee(s).
5. 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.
6. 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."
7. 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).
8. If no beneficiary is named, or if no named beneficiary survives you, the benefit will be paid per CRP provisions.

B	Primary Beneficiaries	C	Secondary Beneficiaries
A Primary Beneficiary(ies) is the individual(s), institution(s), and/or trust(s) that receives the RCA/SRA benefit payable from the Concordia Retirement Plan upon your death. In certain instances described above, an <i>automatic</i> Primary Beneficiary is designated.		Your Secondary Beneficiary(ies) is the individual(s), institution(s), and/or trust(s) that receives the RCA/SRA benefit payable from the Concordia Retirement Plan if your Primary Beneficiaries pre-decease you. If all of your Primary and Secondary Beneficiaries die before you, benefits will be paid to your estate.	

D	Spousal Consent for Beneficiary Designation
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Worker's Name (Last, First, Middle Initial) _____ Social Security Number _____

Spouse's Name (Last, First, Middle Initial) _____ Social Security Number _____

I hereby certify that I am the legal spouse of the Participant named in Section E on the reverse side of this form. I hereby consent to the beneficiary designation(s) made by my spouse on this Beneficiary Designation Form. I hereby acknowledge that I understand that: (1) the effect of such beneficiary designation is to allow my spouse's retirement benefit, or a portion of it, to be paid to a beneficiary other than me; (2) my consent is voluntary; and (3) my consent is irrevocable unless my spouse revokes said beneficiary designation(s) by executing a new, properly completed Beneficiary Designation Form.

X _____
 Spouse's Signature _____ Date _____

NOTARY

State of _____)
 City/County of _____) SS

On this _____ day of _____, 20_____, before me, the undersigned Notary Public, personally appeared _____ known to me (or produced appropriate identification) to be the person whose name is subscribed to within the instrument and acknowledged that he/she executed the same for the purposes therein contained.

In witness whereof, I hereunto set my hand and official seal.

X _____
 Notary Public Signature _____ Date _____

Affix seal here.

E Participant Information

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

Title Worker's Name (Last, First, Middle Initial) Social Security Number
Address
City State Zip Code Home Phone Number
Email Address Cell Phone Number Work Phone Number

Use this form to name the person(s) or entity(ies) you wish to receive the benefit payable in the event of your death. You can change or revoke this designation at any time by submitting a new properly completed form. Please check the appropriate box(es) for which you are electing a beneficiary designation:

- Both RCA and SRA RCA SRA

F Beneficiary Designation

Primary Beneficiary(ies): [First in order to receive the RCA/SRA 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 the RCA/SRA 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 "CRP" and your additional Primary and/or Secondary Beneficiaries.

G Signature Of Participant

I understand that the above Beneficiary Designation will become effective upon receipt and approval of the Beneficiary Designation Form by Concordia Plan Services (CPS) and that it will remain in effect until a new, properly completed Beneficiary Designation Form signed by me is received by CPS. 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 CPS will be final and conclusive. I do hereby, for myself, my beneficiaries, heirs, executors, and administrators, release CPS 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
1333 S. Kirkwood Road • P.O. Box 229007 • St. Louis, MO 63122-9007 • Fax 314-996-1127