

STEP 1: PERSONAL INFORMATION

Free Church Ministers' & Missionaries' Retirement Plan

901 East 78th Street, Minneapolis, MN 55420-1300 (800) 995-5357 | fcmm@fcmmbenefits.org

FORM 02: PARTICIPANT BENEFICIARY DESIGNATION

Designate the individuals whom you wish to receive your account balance under the FCMM Retirement Plan upon your death. This form must be completed by all participants. Please send the completed form to FCMM and keep a copy for your records.

Marital Status: Single Married Divorced Widowed STEP 2: DESIGNATE YOUR PRIMARY BENEFICIARY Please note the following when making your Primary Beneficiary Designations: Your current (and future) marital status has a significant impact on your legal beneficiary under the terms of the Plan. If you are currently single and marry at a future date, your new spouse will automatically become your Primary Beneficiary subject to the requirements in the Plan document. A participant's divorce shall revoke any beneficiary designation in favor of the participant's spouse made prior to the divorce. Until a new beneficiary designation form is filed with FCMM, benefits will be payable as if the former spouse had predeceased the participant.	Participant's Full Legal Name:								
Please note the following when making your Primary Beneficiary Designations: Your current (and future) marital status has a significant impact on your legal beneficiary under the terms of the Plan. If you are currently single and marry at a future date, your new spouse will automatically become your Primary Beneficiary subject to the requirements in the Plan document. A participant's divorce shall revoke any beneficiary designation in favor of the participant's spouse made prior to the divorce. Until a new beneficiary designation from is filled with FCMM, benefits will be payable as if the former spouse what predeceased the participant. If you name an entity [e., charity or trust] as a beneficiary, your account balance payable to that beneficiary will be distributed in the form of a single lump sum as soon as administratively reasible, but no later than 1221 of the year following your death. Spouse as PRIMARY Beneficiary If you are married, your spouse must be the sole Primary Beneficiary with a 100% designation unless your spouse approves otherwise, signs the waiver on page 2, and has his or her signature notarized. Spouse Name SSN: Birthdate: Designation: N* Address: Name: SSN: Birthdate: Designation: N* Address: Relationship: Name: SSN: Birthdate: Designation: N* Address: Relationship: Please choose Per Stirpes or Per Capita to apply to the "Other(s) as PRIMARY Beneficiary(s)" listed above: Per Capita: Any deceased Primary Beneficiary's share shall be divided equally among my surviving Primary Beneficiaries. Trust as PRIMARY Beneficiary When naming a Trust as your beneficiary. FCMM requires receipt of this Form 02 and applicable pages of the Trust document – including the covertifile page, named Trustee, and signature page. If you are the trustee of your own trust, you must provide the name and address of the successor trustee. Name: Trustee Address: Successor Trustee Name: Trustee Name: Trustee Name: Trustee Name: Trustee Name: Trustee Address: Successor Trustee Name:	Social Security Number (Last 4 digits): Birthdate:								
Please note the following when making your Primary Beneficiary Designations: Your current (and future) marital status has a significant impact on your legal beneficiary under the terms of the Plan. If you are currently single and mary at a future date, your new spouse will automatically become your Primary Beneficiary under the terms of the Plan. If you are currently single and mary at a future date, your new spouse will automatically become your Primary Beneficiary under the terms of the Plan document. A participant's divorce shall revoke any beneficiary designation in favor of the participant's spouse made prior to the divorce. Until a new beneficiary designation from file with Total the participant in the Plan document. If you are not entity [e.g. charity or trust] as a beneficiary, your account balance payable to that beneficiary will be distributed in the form of a single lump sum as soon as administratively feasible, but no later than 1231 of the year following your death. If you are married, your spouse must be the sole Primary Beneficiary with a 100% designation unless your spouse approves otherwise, signs the walver on page 2, and has his or her signature notarized. Spouse Name SNN: Birthdate: Designation: %* Address: Name: SSN: Birthdate: Designation: %* Address: Relationship: Name: SSN: Birthdate: Designation: %* Address: Relationship: Name: SSN: Birthdate: Designation: %* Address: Relationship: Please choose Per Stirpes or Per Capita to apply to the "Other(s) as PRIMARY Beneficiary(s)" listed above: Per Stirpes: Any deceased Primary Beneficiary's share shall peas to his/her children OR Per Capita: Any deceased Primary Beneficiary's share shall be divided equally among my surviving Primary Beneficiaries. Trust as PRIMARY Beneficiary When naming a Trust as your beneficiary. Full Legal Name: Trustee Address: Successor Trustee Name: Trustee Address: Trustee Address: Successor Trustee Name: Trustee Address: Trustee Address: Successor Trustee Name: Trustee Address	Marital Status:	○ Single ○ Married	d ODivorced	○ Widowed					
Note current (and future) marital status has a significant impact on your legal beneficiary under the terms of the Plan. If you are authently single and marry at a future date, your new spouse will automatically become your Primary Beneficiary subject to the requirements in the Plan document. A participant's divorce shall revoke any beneficiary designation in favor of the participant's spouse made prior to the divorce. Until a new beneficiary designation from its filed with FCMM, benefits will be payable as if the former spouse had predeceased the participant. If you are an entity [e.g., chant'n or trust] as a beneficiary, your appable to that beneficiary will be distributed in the form of a single lump sum as soon as administratively feasible, but no later than 12/31 of the year following your death. Spouse as PRIMARY Beneficiary If you are amented, your spouse must be the sole Primary Beneficiary with a 100% designation unless your spouse approves otherwise, signs the waiver on page 2, and has his or her signature notarized. Spouse Name SSN: Birthdate: Designation: **Name: Please choose Per Stirpes or Per Capita to apply to the "Other(s) as PRIMARY Beneficiary(s)" listed above: Per Stirpes: Any deceased Primary Beneficiary's share shall pass to his/her children OR Per Capita: Any deceased Primary Beneficiary's share shall be divided equally among my surviving Primary Beneficiaries. Trust as PRIMARY Beneficiary When naming a Trust as your beneficiary. Trustee Address: Trustee Name: Trust Date: Trust Date: Trustee Name: Successor Trustee Name: Successor Trustee Name: Trustee Address: Charity as PRIMARY Beneficiary Full Legal Name: Tax Identification Number: Tax Identification Number:	STEP 2: DESIGNATE YOUR <i>PRIMARY</i> BENEFICIARY								
and marry at a future date, your new spouse will automatically become your Primary Beneficiary subject to the requirements in the Plan document. A participant's divorce shall revoke any beneficiary designation in favor of the participant's spouse made prior to the divorce. Until a new beneficiary designation form is filed with FCMM, benefits will be payable as if the former spouse had predeceased the participant. If you name an entity [e.g., charity or trust] as a beneficiary, your account balance payable to that beneficiary will be distributed in the form of a single lump sum as soon as administratively feasible, but no later than 12/31 of the year following your death. Spouse as PRIMARY Beneficiary If you are married, your spouse must be the sole Primary Beneficiary with a 100% designation unless your spouse approves otherwise, signs the waiver on page 2, and has his or her signature notarized. Spouse Name	Please note the following when making your Primary Beneficiary Designations:								
If you are married, your spouse must be the sole Primary Beneficiary with a 100% designation unless your spouse approves otherwise, signs the waiver on page 2, and has his or her signature notarized. Souse Name	 A participant's divorce shall revoke any beneficiary designation in favor of the participant's spouse made prior to the divorce. Until a new beneficiary designation form is filed with FCMM, benefits will be payable as if the former spouse had predeceased the participant. If you name an entity [e.g. charity or trust] as a beneficiary, your account balance payable to that beneficiary will be distributed in the form of a single lump 								
Spouse Name SSN: Birthdate: Designation: %* Other(s) as PRIMARY Beneficiary(s) Attach a separate page if needed. Name: SSN: Birthdate: Designation: %* Address: Relationship:	□ Spouse as PRIMARY Beneficiary								
Other(s) as PRIMARY Beneficiary(s) Attach a separate page if needed. Name: SSN: Birthdate: Designation: %* Address: Relationship: Per Stirpes or Per Capita to apply to the "Other(s) as PRIMARY Beneficiary(s)" listed above: Per Stirpes: Any deceased Primary Beneficiary's share shall pass to his/her children OR Per Capita: Any deceased Primary Beneficiary's share shall be divided equally among my surviving Primary Beneficiaries. Trust as PRIMARY Beneficiary When naming a Trust as your beneficiary. FCMM requires receipt of this Form 02 and applicable pages of the Trust document – including the cover/title page, named Trustee, and signature page. If you are the trustee of your own trust, you must provide the name and address of the successor trustee. Name of Trust as it appears on the Trust Document: Trustee Address: Trustee Name: Trustee Name: Successor Trustee Address: Charity as PRIMARY Beneficiary Tax Identification Number: Tax Identification Number:									
Name: SSN: Birthdate: Designation: %* Address: Relationship: Designation: %* Address: Relationship: Designation: %* Address: Relationship: Pelase choose Per Stirpes or Per Capita to apply to the "Other(s) as PRIMARY Beneficiary(s)" listed above: Per Stirpes: Any deceased Primary Beneficiary's share shall pass to his/her children OR Per Capita: Any deceased Primary Beneficiary's share shall be divided equally among my surviving Primary Beneficiaries. Trust as PRIMARY Beneficiary When naming a Trust as your beneficiary, FCMM requires receipt of this Form 02 and applicable pages of the Trust document – including the cover/title page, named Trustee, and signature page. If you are the trustee of your own trust, you must provide the name and address of the successor trustee. Name of Trust as it appears on the Trust Document: Trustee Address: Successor Trustee Name: Successor Trustee Address: Charity as PRIMARY Beneficiary Tax Identification Number: Tax	Spouse Name(Spouse's Full Legal Name)	SSN:	Birthdate:	Designation:	₋ %*			
Address:	☐ Other(s) as PRIMARY Beneficiary(s) Attach a separate page if needed.								
Name: SSN: Birthdate: Designation:	• Name:		SSN:	Birthdate:	Designation:	_%*			
Address:	Address:			Relation	onship:				
Name:	• Name:		SSN:	Birthdate:	Designation:	_%*			
Address:	Address:		Relationship:						
Please choose Per Stirpes or Per Capita to apply to the "Other(s) as PRIMARY Beneficiary(s)" listed above: Per Stirpes: Any deceased Primary Beneficiary's share shall pass to his/her children OR Per Capita: Any deceased Primary Beneficiary's share shall be divided equally among my surviving Primary Beneficiaries. Trust as PRIMARY Beneficiary When naming a Trust as your beneficiary, FCMM requires receipt of this Form 02 and applicable pages of the Trust document – including the cover/title page, named Trustee, and signature page. If you are the trustee of your own trust, you must provide the name and address of the successor trustee. Name of Trust as it appears on the Trust Document: Trustee Name: Trustee Address: Successor Trustee Name: Successor Trustee Address: Trustee Address: Trustee Name: Trust Date: Trust D	• Name:		SSN:	Birthdate:	Designation:	_%*			
Per Stirpes: Any deceased Primary Beneficiary's share shall pass to his/her children OR Per Capita: Any deceased Primary Beneficiary's share shall be divided equally among my surviving Primary Beneficiaries. Trust as PRIMARY Beneficiary When naming a Trust as your beneficiary, FCMM requires receipt of this Form 02 and applicable pages of the Trust document – including the cover/title page, named Trustee, and signature page. If you are the trustee of your own trust, you must provide the name and address of the successor trustee. Name of Trust as it appears on the Trust Document: Trustee Name: Trustee Address: Successor Trustee Name: Successor Trustee Address: Trustee Address: Trustee Address: Trustee Address: Trustee Name: Trust Date: Trustee Address:	Address:			Relat	ionship:				
Per Capita: Any deceased Primary Beneficiary's share shall be divided equally among my surviving Primary Beneficiaries. Trust as PRIMARY Beneficiary When naming a Trust as your beneficiary, FCMM requires receipt of this Form 02 and applicable pages of the Trust document – including the cover/title page, named Trustee, and signature page. If you are the trustee of your own trust, you must provide the name and address of the successor trustee. Name of Trust as it appears on the Trust Document: Trustee Name: Trustee Address: Successor Trustee Name: Successor Trustee Address: Charity as PRIMARY Beneficiary Full Legal Name: Tax Identification Number:									
☐ Trust as PRIMARY Beneficiary When naming a Trust as your beneficiary, FCMM requires receipt of this Form 02 and applicable pages of the Trust document – including the cover/title page, named Trustee, and signature page. If you are the trustee of your own trust, you must provide the name and address of the successor trustee. Name of Trust as it appears on the Trust Document:									
Trustee Name: Trustee Address:	☐ Trust as PRIMARY Beneficiary When naming a Trust as your beneficiary, FCMM requires receipt of this Form 02 and applicable pages of the Trust document – including the cover/title page, named Trustee, and signature page. If you are the trustee of your own trust, you must provide the name and address of								
Successor Trustee Name:Successor Trustee Address: Charity as PRIMARY Beneficiary Full Legal Name: Tax Identification Number:	Name of Trust as it appea	rs on the Trust Document:			Trust Date:				
□ Charity as PRIMARY Beneficiary Full Legal Name: Tax Identification Number:									
Full Legal Name: Tax Identification Number:	Successor Trustee Name:		_ Successor Trustee Ad	dress:					
	□ Charity as PRIMARY Beneficiary								
Address:	Full Legal Name:	ull Legal Name: Tax Identification Number:							
	Address:					_			

FORM 02: PARTICIPANT BENEFICIARY DESIGNATION (PAGE 2)

STEP 3: CONTINGENT BENEFICIARY(S) - *This section is optional, but completion is advised.* If your Primary Beneficiary does not survive you, and you have not named a Contingent Beneficiary, your account may be forced out to your estate to go through probate.

Part A

Please choose Per Stirpes or Per Capita to apply to the CONTINGENT Bener Per Stirpes: Any deceased Contingent Beneficiary's share shall pass to his Per Capita: Any deceased Contingent Beneficiary's share shall be divided experienced by Per Capita: Any deceased Contingent Beneficiary's share shall be divided experienced by Per Capita: Any deceased Contingent Beneficiary's share shall be divided experienced by Per Capita: Any deceased Contingent Beneficiary's share shall be divided experienced by Per Capita: Any deceased Contingent Beneficiary When naming a Trust as your beneficiary, FCMM requires receipt of this Form the cover/title page, named Trustee, and signature page. If you are the trusted the successor trustee. Name of Trust as it appears on the Trust Document: Trustee Name: Successor Trustee Address: Successor Trustee Address: Charity as CONTINGENT Beneficiary Full Legal Name: Ta	m 02 <u>and</u> applicable pages of ee of your own trust, you must dress:	Trust Date:	uding dress of			
Per Stirpes: Any deceased Contingent Beneficiary's share shall pass to his Per Capita: Any deceased Contingent Beneficiary's share shall be divided e Trust as CONTINGENT Beneficiary When naming a Trust as your beneficiary, FCMM requires receipt of this Forthe cover/title page, named Trustee, and signature page. If you are the truste the successor trustee. Name of Trust as it appears on the Trust Document: Trustee Name: Successor Trustee Name: Successor Trustee Address: Successor Trustee Address:	m 02 <u>and</u> applicable pages of ee of your own trust, you must	the Trust document – inclu provide the name and add Trust Date:	uding dress of			
Per Stirpes: Any deceased Contingent Beneficiary's share shall pass to his Per Capita: Any deceased Contingent Beneficiary's share shall be divided experience. Trust as CONTINGENT Beneficiary When naming a Trust as your beneficiary, FCMM requires receipt of this Formathe cover/title page, named Trustee, and signature page. If you are the trusted the successor trustee. Name of Trust as it appears on the Trust Document: Trustee Name: Trustee Address:	m 02 <u>and</u> applicable pages of ee of your own trust, you must	the Trust document – inclu provide the name and add Trust Date:	uding Iress of			
Per Stirpes: Any deceased Contingent Beneficiary's share shall pass to his Per Capita: Any deceased Contingent Beneficiary's share shall be divided e Trust as CONTINGENT Beneficiary When naming a Trust as your beneficiary, FCMM requires receipt of this Forthe cover/title page, named Trustee, and signature page. If you are the trustee the successor trustee. Name of Trust as it appears on the Trust Document:	m 02 <u>and</u> applicable pages of ee of your own trust, you must	the Trust document – inclu provide the name and add	ıding Iress of			
Per Stirpes: Any deceased Contingent Beneficiary's share shall pass to his Per Capita: Any deceased Contingent Beneficiary's share shall be divided e Trust as CONTINGENT Beneficiary When naming a Trust as your beneficiary, FCMM requires receipt of this Fort the cover/title page, named Trustee, and signature page. If you are the trustee the successor trustee.	m 02 <u>and</u> applicable pages of ee of your own trust, you must	the Trust document – inclu provide the name and add	uding dress of			
Per Stirpes: Any deceased Contingent Beneficiary's share shall pass to his Per Capita: Any deceased Contingent Beneficiary's share shall be divided e Trust as CONTINGENT Beneficiary When naming a Trust as your beneficiary, FCMM requires receipt of this Fort the cover/title page, named Trustee, and signature page. If you are the trustee	m 02 <u>and</u> applicable pages of	the Trust document – inclu	ıding			
Per Stirpes: Any deceased Contingent Beneficiary's share shall pass to his Per Capita: Any deceased Contingent Beneficiary's share shall be divided e	equally among my surviving Con	Designation:	%*			
OPer Stirpes: Any deceased Contingent Beneficiary's share shall pass to his	equally among my surviving Con					
	• • • • • • • • • • • • • • • • • • • •		y)			
Address:		•				
• Name: SSN:						
Address:						
• Name: SSN:	Birthdate:	Designation:	%*			
Address:	Relation	onship:				
• Name: SSN:	Birthdate:	Designation:	%*			
Address:						
 Child(ren) or Other Individual(s) as CONTINGENT Beneficia Name: SSN: 		Designation:	%*			
Part B Please complete the information below for each CONTINGENT "equal shares" for all Contingent Beneficiaries unless otherwise	specified. Attach an ad					
☐ I would like to indicate the Trust and/or Charity named in Part B as m	y CONTINGENT Beneficiary					
 Default Designation: Equal Shares Other Designation (must indicate designation percent per person in Part B below) 						
☐ I would like to indicate the individual(s) named in Part B as my CONT	,					
Out of Doorgination (made malicate accignation personning personning are	B below)	•	. ,			
O Default Designation: Equal Shares Other Designation (must indicate designation percent per person in Part	· ,	ONTINGENT Deficition				
	•	ONTINCENT Panafician	(s)			

FORM 02: PARTICIPANT BENEFICIARY DESIGNATION (PAGE 3)

STEP 4: SIGNATURE	
Your beneficiary designation is subject to the terms	of the Plan and is not effective until accepted and approved by FCMM.
◯ I certify that I am NOT married □	I certify that I am married
Signature (Electronic signatures NOT accepted)	Date
STEP 5: SPOUSAL CONSENT & NOTARIZAT	TON (if applicable)
NOTE: This step is only required if you are married a	and your spouse is <u>not</u> the sole Primary Beneficiary.
I,	_, consent to the beneficiary designation made by my spouse. I
Printed Name of Participant's Spouse	
understand with this consent that I hereby waive the unless a new designation is completed and delivered	e payment of any survivor death benefit available to me under this Pland to FCMM.
Spouse Signature:	Date:
Printed Name Notary Public:	Notary Public's Signature:
Notary Date & Seal:	
STEP 6: FORM SUBMITTAL	
	sing one of the methods noted below, preferably using our Secure
Secure File Exchange	<u>Mail</u>
https://fcmmbenefits.leapfile.net	FCMM Benefits & Retirement 901 East 78th Street
	Minneapolis, MN 55420
Out of the second of FOMM Officers Out the second	
Questions? Contact FCMM Client Services at for	mm@rcmmbenefits.org or (800)995-5357
A copy of FCMM's I	Privacy Notice can be found at fcmmbenefits.org
A Sopy of Follows	
FCMM USE ONLY	
No. Received in Good Order	Processed