

**Christian Brothers Retirement Planning Services**

1205 Windham Parkway, Romeoville, IL 60446-1697  
(630) 378-2900 (800) 807-0100 Fax (630) 378-2507

**CHANGE OF BENEFICIARY DESIGNATION**

Employee's Full Name \_\_\_\_\_  
Last Name (please print) First Name Middle

Address: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

\* This is to notify you that each and every beneficiary designation regarding my death benefits under the Plan previously filed by me with your PLAN is hereby revoked. I now designate the following person(s) as PRIMARY BENEFICIARY(IES) of my death benefits under the Plan:

\_\_\_\_\_ Full Name of PRIMARY BENEFICIARY(IES) and Relationship to Employee

If spouse, please indicate his/her date of birth: \_\_\_\_\_

\_\_\_\_\_ Address of PRIMARY BENEFICIARY(IES)

\*\* If the above designated primary beneficiary(ies) should die before me, I hereby designate the following person(s) as SECONDARY BENEFICIARY(IES) of my death benefits under the Plan:

\_\_\_\_\_ Name of SECONDARY BENEFICIARY(IES) and Relationship to Employee

If spouse, please indicate his/her date of birth: \_\_\_\_\_

\_\_\_\_\_ Address of SECONDARY BENEFICIARY(IES)

\*\*\* If my death benefits become payable to more than one beneficiary, I hereby direct that payment shall be made in equal shares. If there be no designated beneficiary(ies) alive at my death, my death benefits shall be paid to my estate.

\*\*\*\* The above designation is subject to my rights to change it at any later date by filling a new designation with the Christian Brothers Employee Retirement Plan on a form furnished me upon request.

Date Signed: \_\_\_\_\_

Employee's Signature: \_\_\_\_\_

Signed in the Presence of: \_\_\_\_\_