CHRISTIAN BROTHERS SERVICES
Understanding Protecting Guiding

Retirement Savings Plan

Plan # 093264

Beneficiary Designation

Account Information

Social Security # **Location Code**

Name
(Last, First, MI)

Home Address

City **State** **Zip**

Date of Birth
(mm/dd/yyyy)

Daytime Phone # **Evening Phone #**

Beneficiary Information

Please indicate the percentage of your balance to be allocated to each beneficiary. Percentages and secondary beneficiaries must each total 100%.

Primary Beneficiary

Name _____

Relationship _____

Social Security #

Name _____

Relationship _____

Social Security #

Name _____

Relationship _____

Social Security #

Name _____

Relationship _____

Social Security #

Secondary Beneficiary

Name _____

Relationship _____

Social Security #

Name _____

Relationship _____

Social Security #

Name _____

Relationship _____

Social Security #

Name _____

Relationship _____

Social Security #

Authorization

Signature of Participant Date

Signature of Plan Sponsor Date