ELCA RETIREMENT PLAN

Your Beneficiary Designation
FOR ELCA PARTICIPATING ANNUITY PAYMENTS

Use this form to designate beneficiaries for your ELCA Participating Annuity. Completing this form makes sure your beneficiary designations align with your wishes. Keeping your beneficiary designation up-to-date on the form provided by Portico Benefit Services will help facilitate proper payment of benefits when you die. Your beneficiary designation applies to the beneficiary payout provision for your ELCA Participating Annuity payments under the ELCA Retirement Plan. When you and any co-annuitant both die (if applicable), any remaining benefits under the beneficiary payout provision will be paid to the beneficiary(ies) you name on this form. Refer to the Summary Plan Description for the ELCA Retirement Plan for complete information.

What is a beneficiary designation?
Your beneficiary is the person or entity who will receive your benefit when you (and your co-annuitant if applicable) die. Indicate your first choice (primary) and your second choice (secondary) on the form. If your spouse or eligible same-gender partner is your co-annuitant, name a beneficiary other than your spouse or partner. Please specify the percentage each beneficiary should receive. The percentage share for primary and secondary beneficiaries should each total 100%.

What if my beneficiaries die before me?
If a primary beneficiary dies before you, that beneficiary’s share will be divided proportionately among your surviving primary beneficiaries. Your secondary beneficiary(ies) receives payment only if all primary beneficiaries die before you. If a secondary beneficiary dies before you, that beneficiary’s share will be divided proportionately among your surviving secondary beneficiaries.

When is my designation effective?
Your beneficiary designation is effective when Portico receives the completed original form. An incomplete or unsigned form will be returned to you.

What if I have a personal will?
Portico will not use beneficiaries designated in your personal will. Determination of the identity of the designated beneficiary(ies) in each case will be made by Portico.

No beneficiaries
If you don’t designate a beneficiary in accordance with the rules, regulations, or procedures adopted by Portico, Portico will name your designated beneficiaries as the person or persons surviving you in the event of your death, in the following classes:
1. Your surviving spouse or eligible same-gender partner*
2. Your surviving children (natural or legally adopted). If any child dies before you, their descendants (your grandchildren, great-grandchildren), will receive the share their parent would have received if living, by right of representation.
3. Your parents
4. Your siblings
5. Your estate

*A completed Affidavit of Partnership must be on file with Portico to provide this benefit to your eligible same-gender partner.
Steps to Name Beneficiaries for Your ELCA Participating Annuity

1. Designate your beneficiaries on the attached form.
   If you are married and your spouse is your co-annuitant, you may designate anyone you choose as your beneficiary. If you are married and your spouse is not your co-annuitant, your spouse is automatically your sole primary beneficiary unless she or he provides written, notarized consent to the naming of another beneficiary.

   If your eligible same-gender partner is your co-annuitant, you may designate anyone you choose as your beneficiary. If you have filed a completed Affidavit of Partnership with Portico and your partner is not your co-annuitant, your partner is automatically your sole primary beneficiary unless she or he provides written, notarized consent to the naming of another beneficiary.

   If you are single, you may designate anyone you choose as your beneficiary.

   If your spouse or eligible same-gender partner is your co-annuitant, name a beneficiary other than your spouse or partner.
   • Name your primary beneficiary by completing Section B1.
   • Name your secondary beneficiary by completing Section B2.
   • If your spouse or partner is not your co-annuitant and you have designated a primary beneficiary other than (or in addition to) your spouse or partner, your spouse or partner must provide her or his notarized signature in Section C.

2. Review your form. Sign and date Section D.
   Contact the Portico Service Center at 800.352.2876 if you need help completing the form.

3. Return the form to Portico.
   Because this is a legal document, we must receive the signed beneficiary designation to be valid. Please provide via mail, email or fax.

MARRY OR (RE)MARRY: If you marry (or remarry) after filing a beneficiary designation form with Portico your prior beneficiary designation will no longer be valid and your new spouse will automatically become your sole primary beneficiary. To ensure proper payment of benefits, complete a new form and return it to Portico when you marry (or remarry). If you are recently married, include a copy of your marriage certificate.

DIVORCE: A divorce automatically revokes any designation of a spouse as your beneficiary. You may designate a former spouse as your beneficiary, but you must complete a new beneficiary designation form dated after the date of the divorce decree. If a new form is not filed and a former spouse is named as a beneficiary, your non-spousal beneficiaries become primary.

DISSOLUTION OF PARTNERSHIP: If you file a completed Affidavit of Dissolution of Partnership with Portico, this automatically revokes any designation of a former eligible same-gender partner as your beneficiary. You may designate a former partner as your beneficiary, but you must file a new beneficiary designation form with Portico dated after the date on the Affidavit of Dissolution of Partnership form. If a new form is not filed and a former partner is named as beneficiary, your non-partner beneficiaries become primary.
Your Beneficiary Designation
FOR ELCA PARTICIPATING ANNUITY PAYMENTS

A Your Personal Information

Name (First) MI Last Social Security Number
Email Address Member ID
Address Home Phone Work Phone
City State ZIP Code
Birth Date (MM/DD/YYYY) ___________________________
Present Marital Status: ☐ Married ☐ Partnership ☐ Single ☐ Divorced ☐ Widowed

Name of Spouse, if Married and/or Separated, or Eligible Same-Gender Partner (First, Middle Initial, Last) _____________________________________________

Spouse’s or Partner’s Birth Date (MM/DD/YYYY) ___________________________ Spouse’s or Partner’s Social Security Number __________________________

B Primary and Secondary Beneficiary Designation

If you name more than one primary and/or secondary beneficiary, please specify what percentage of your ELCA Participating Annuity benefit each beneficiary should receive. The percentage share for primary and secondary beneficiaries should each total 100%. If your spouse or eligible same-gender partner is your co-annuitant, name a beneficiary other than your spouse or partner. NOTE: If you need to include an attachment to this form, the form must refer to the attachment by date (e.g., “See attachment dated MM/DD/YYYY.”). The attachment must include a descriptive heading, date, signature, and indication of which section on the form it is intended to supplement (e.g., “This attachment lists primary beneficiaries for the ELCA Participating Annuity for John Doe.”). If you have more than one ELCA Participating Annuity, your beneficiary election will apply to all of your annuities unless you complete an additional form to designate different beneficiaries for multiple annuities. If you would like to designate different beneficiaries for multiple annuities, please contact the Portico Service Center at 800.352.2876 or mail@PorticoBenefits.org.

1. Your Primary Beneficiary

Name the primary beneficiary or beneficiaries to receive any benefits from your ELCA Participating Annuity under the ELCA Retirement Plan (including any predecessor plan) in the event of your (and your co-annuitant’s) death.

Name of Primary Beneficiary Social Security or Tax Identification Number % Share Relationship to You Birth Date (MM/DD/YYYY)

Name of Primary Beneficiary SS or Tax ID Number % Share Relationship Birth Date

Name of Primary Beneficiary SS or Tax ID Number % Share Relationship Birth Date

2. Your Secondary Beneficiary

Your secondary beneficiary or beneficiaries receive(s) payment only if all primary beneficiaries die before you (and your co-annuitant).

Name of Secondary Beneficiary Social Security or Tax Identification Number % Share Relationship to You Birth Date (MM/DD/YYYY)

Name of Secondary Beneficiary SS or Tax ID Number % Share Relationship Birth Date

Name of Secondary Beneficiary SS or Tax ID Number % Share Relationship Birth Date

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C Spousal or Eligible Same-Gender Partner Consent (If she or he is not your co-annuitant or primary beneficiary.)

I have reviewed my spouse’s or partner’s beneficiary designation and understand I have not been designated as sole primary beneficiary. I hereby consent to the designation by my spouse or partner of the beneficiary(ies) identified on this form. I fully understand that by signing this consent I am allowing the beneficiary(ies) named here to be paid benefits under the plan that might otherwise be paid to me upon my spouse’s or partner’s death. I understand this consent is valid until my spouse or partner files a new beneficiary form (or Affidavit of Dissolution of Partnership if a former partner) with Portico.

Signature of Spouse or Eligible Same-Gender Partner (Required)  Date (MM/DD/YYYY)

Certificate of Notary

State of  County of

Signed or Attested Before Me on (MM/DD/YYYY)  By (Print Name of Spouse or Partner)

Signature of Notary (Required)  My Commission Expires (MM/DD/YYYY)

D Signature of Member

After reading the agreement below, sign and date this beneficiary form. If you are married and your spouse is not your co-annuitant and you have designated a primary beneficiary other than (or in addition to) your spouse, that designation will not be valid unless your spouse signs Section C of this form. If you have an Affidavit of Partnership on file with Portico, your sole primary beneficiary for your annuity benefit will be your eligible same-gender partner, unless your partner has agreed to the designation of another primary beneficiary by signing Section C of this form. These designations revoke any and all prior beneficiary designations with respect to your participating annuity benefit under the ELCA Retirement Plan (including any predecessor plan).

The information on this form applies to my account as a:

☐ Member  ☐ Beneficiary  ☐ Surviving Spouse  ☐ Former Spouse  ☐ Surviving same-gender partner  ☐ Former same-gender partner

I hereby represent and certify the information furnished by me on this form is true and correct. I agree to notify Portico immediately in the event my marital or partnership status changes. I hereby revoke any prior beneficiary designations I may have made for participating annuity payments under the ELCA Retirement Plan (including any predecessor plan).

Signature of Member (Required)  Date (MM/DD/YYYY)

Please keep a copy of this form for your records. Return this form via mail, email or fax.

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