



Partners in Caring

North Carolina Conference

THE UNITED METHODIST CHURCH

Beneficiary Designation Form

In the event of my death, I hereby name:

** _____ ** as primary beneficiary, if living
_____(address)

Otherwise, ** _____ ** as secondary beneficiary
_____(address)

Name of Partners in Caring Member _____

Social Security # (last four only) XXX - XX - _____

Address of Member _____

Signed _____

Date _____

Witness (*Must be a third party other than the Named Beneficiaries above or the Partners in Caring Member*)

Address of Witness _____

Date _____

Beneficiary may be changed at any time upon completion of a new designation form and submission of the new form to the Partners in Caring Secretary/Treasurer

Return a scanned copy of the completed form to pic@nccumc.org or mail the original to
NCCUMC Attn: Bethany Reeves, 700 Waterfield Ridge Place, Garner, NC 27529