

FAX

TO: Empower Retirement

FROM:

FAX: 1-866-745-5766

FAX:

PHONE: 1-866-467-7756

PHONE:

SUBJECT: Beneficiary Affidavit

DATE:

COMMENTS: The Beneficiary Designation should be completed directly on the Empower Retirement Website. www.empowermyarp.com If the deceased participant did not designate a beneficiary this form can be completed and faxed to Empower.

AFFIDAVIT

COUNTY OF _____)
STATE OF _____) ss.

_____ (Affiant), being duly sworn under oath, states and alleges as follows:

I.

That _____ (Participant) has an account in the Adventist Retirement Plan, and that Affiant is the (check one):

- ____ (i) Surviving spouse of Participant
- ____ (ii) Child of Participant
- ____ (iii) Parent of Participant
- ____ (iv) Sibling of Participant
- ____ (v) Executor/Personal Representative of Participant’s estate

II.

That Participant passed away on _____, 20__

III.

That (check one):

- ____ (i) Affiant was married to Participant at the time of Participant’s death
- ____ (ii) Participant was not married at the time of Participant’s death, that Affiant is the child of Participant, and that the following other children of Participant were living at the time of Participant’s death:

____ (iii) Participant was not married at the time of Participant’s death, did not have any children living at the time of Participant’s death, that Affiant is the parent of Participant, and that Participant’s other parent was [living]/[deceased] at the time of Participant’s death

____ (iv) Participant was not married at the time of Participant’s death, did not have any children living at the time of Participant’s death, did not have any parents living at the time of Participant’s death, that Affiant is the sibling of Participant, and that the following other siblings of Participant were living at the time of Participant’s death:

____ (v) Participant was not married at the time of Participant’s death, did not have any children living at the time of Participant’s death, did not have any parents living at the time of Participant’s death, did not have any siblings living at the time of Participant’s death, and that Affiant is the executor/personal representative of Participant’s estate.

IV.

That Affiant is completing this Affidavit for purposes of receiving all or a portion of Participant’s account balance in the Adventist Retirement Plan which by default is to be paid in the order described in section 15.05 of the Plan if no beneficiary designation is on file, or if no spouse or beneficiaries listed on the designation of beneficiary form are living at the time of Participant’s death.

Dated: _____

Affiant

Subscribed to and sworn before me
This ____ day of _____, 201__

Notary Public

Note to Notary Public: Please use notary stamp instead of raised seal (the raised seal is difficult to see on a copy/facsimile)