

**MINISTERIAL RETIREMENT SYSTEM
OF
ORIGINAL FREE WILL BAPTISTS
OF
NORTH CAROLINA**

**DESIGNATION OF BENEFICIARY
TAX SHELTERED ANNUITY PLAN**

Name of Member: _____

I hereby revoke all designation of beneficiary previously made by me and designate the following person or persons to receive any benefits payable for the above Plan in the event of by death.

Class 1 Beneficiaries: (Enter names, relationships and addresses)

Class 2 Beneficiaries: (Enter names, relationships and addresses)

Payment of any amount becoming due by reason of my death shall be made in any manner permitted by the Plan to the beneficiary (or equally to the beneficiaries if more than one) of Class 1 who survives me and is living on the date payment becomes due; or if none of the beneficiaries of Class 1 survives me, to the beneficiary (or equally to the beneficiaries if more than one) of Class 2 who survives me and is living on the date payment becomes due. If no beneficiaries of Class 1 or 2 survive me, then such payment shall be made to the executor or administrator of my estate.

I reserve the right to change at any time the designation made above by written notice to the Ministers Program. Such change shall be effective on the date such written notice is received and acknowledged by the Ministers Program.

Signed the _____ day of _____, _____, North Carolina.

Witness

Member

Received and Acknowledged:

Ministers Program

_____(Date)

By: _____