



Beneficiary Designation

Catholic Archdiocese Employees Retirement Plan

453017-02

Participant Information

Last Name	First Name	MI	Social Security Number
E-Mail Address			<input type="checkbox"/> Married <input type="checkbox"/> Unmarried

Account Extension

An account extension identifies funds that were transferred to a spousal beneficiary or alternate payee due to divorce or death. If you have an account extension, enter it here _____. For assistance, please contact Service Center at: 1-866-258-4777.

Plan Beneficiary Designation

This designation is effective upon execution and delivery to Service Center at the address below. If I name more than one beneficiary in either category, the surviving beneficiaries in that category will share equally unless otherwise indicated. I have the right to change the beneficiary. If any information is missing, additional information may be required prior to recording my beneficiary designation. If my primary and contingent beneficiaries predecease me or I fail to designate beneficiaries, amounts will be paid pursuant to the terms of the Plan Document or applicable state law.

This designation supersedes all prior designations. Beneficiaries will share equally if percentages are not provided and any amounts unpaid upon death will be divided equally. Primary and contingent beneficiaries must separately total 100.00%. The number of primary or contingent beneficiaries you may name is not limited. Attach an additional sheet, if necessary.

Primary Beneficiary

#1	.				
	% of Account Balance	Social Security Number	Primary Beneficiary Name	Relationship	Date of Birth
#2	.				
	% of Account Balance	Social Security Number	Primary Beneficiary Name	Relationship	Date of Birth
#3	.				
	% of Account Balance	Social Security Number	Primary Beneficiary Name	Relationship	Date of Birth

Contingent Beneficiary

#1	.				
	% of Account Balance	Social Security Number	Contingent Beneficiary Name	Relationship	Date of Birth
#2	.				
	% of Account Balance	Social Security Number	Contingent Beneficiary Name	Relationship	Date of Birth
#3	.				
	% of Account Balance	Social Security Number	Contingent Beneficiary Name	Relationship	Date of Birth



