



**DIOCESE OF ROCKVILLE CENTRE**  
MULTI - EMPLOYER PENSION AND BENEFIT PLAN ADMINISTRATION

**Designation of Death Benefit Beneficiary(ies)**

Applicable to Vested Participants Only

Participant Information

Participant Name: \_\_\_\_\_ Org. #: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_  
Current Mailing Address: \_\_\_\_\_  
\_\_\_\_\_  
Date of Birth: \_\_\_\_\_

I Hereby Represent Under the Penalties of Perjury That I Am:

**Married** – “Married” or “spouse” under the Plan refers to opposite sex marriages. This means that only a person who is married within this Plan definition is required to obtain the consent of his or her spouse in order to designate another person as his or her death beneficiary through completion of the Spousal Consent Form. (If Married as defined by the Plan, see below instructions regarding primary beneficiaries)

**Single**

**A. Primary Beneficiary Designation(s)**

**Primary Beneficiary(ies)** No more than three Primary Beneficiaries may be named except that you may name, in addition to your spouse, (a) all of your children (including legally adopted children) or alternatively, (b) all of your brothers and sisters (including half-brothers and half-sisters). If you need additional space, please attach a sheet. If only one Primary Beneficiary survives you, then such Beneficiary will receive the entire benefit. If you are married on the date you execute this Form, your Plan benefit will be paid to your surviving spouse, if any, after your death unless your spouse consents otherwise, as explained on the attached pages. If you had an election of a Primary Beneficiary other than your spouse in effect before March 1, 1999 or if you make an election and later become married, and in either case fail to execute a new Form naming your spouse as the Primary Beneficiary, your election to pay the designated non-spouse Primary Beneficiary will be followed at the time of your death.



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I hereby revoke any prior designations of Plan death benefit beneficiary (ies) and hereby designate the following beneficiary(ies) to receive my Plan death benefit, subject to my right to change this designation as provided in the Plan and subject to the terms of the Plan:

Name, Address, and Phone	Relationship to Participant	Social Security Number	Date of Birth

B. **Alternative Beneficiary** If no Primary Beneficiary survives you, the Alternative Beneficiary is the person named by you who will receive your death benefit. Note that you may wish to designate an Alternative Beneficiary (e.g., a child, etc) if your spouse is the automatic death beneficiary under the plan (i.e., you are married on the date you execute this Form and your spouse does not consent to another Primary Beneficiary). **Only one Alternative Beneficiary may be designated**

Name, Address, and Phone	Relationship to Participant	Social Security Number	Date of Birth



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**IMPORTANT** – The death benefit provision is applicable if you are vested (i.e., have completed at least five years of employment and are a Plan member). In the event of your death while eligible, the benefit will become payable to your beneficiary (ies) on the first of the month after your death, or your 55<sup>th</sup> birthday, whichever is later. No Death

Benefit is payable if you retire and commence the receipt of retirement payments.

**PLEASE NOTE** – Should you wish to change a designated beneficiary (ies), you must file a new Beneficiary Designation Form with the Pension Office.

\_\_\_\_\_  
Signature

Date: \_\_\_\_\_

• P.O. Box 9023 • Rockville Centre, New York 11571 • Phone: 516.678.5800 x259 • Fax: 516.678.9566



# DIocese OF ROCKVILLE CENTRE

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## Spousal Consent To Death Benefit Beneficiary

(If Applicable)

To: The Diocese of Rockville Centre Office

I am aware that, unless I consent otherwise or unless an alternative beneficiary was made by my spouse before March 1, 1999, I am automatically the sole beneficiary of the pension death benefits, if any, payable in respect of my spouse's death under the Diocese of Rockville Centre Pension Plan (the Plan).

However, I authorize my spouse \_\_\_\_\_  
*Name*

\_\_\_\_\_ to select another beneficiary (ies) for receipt, upon my  
*Social Security Number*

spouse's death, of his or her pension death benefits. Through this authorization, I hereby give general consent to any beneficiary (ies) designation that my spouse makes.

\_\_\_\_\_  
Signature Date: \_\_\_\_\_

\_\_\_\_\_  
Print Name

**Signature Must Be Notarized:** Sworn to Before Me this \_\_\_\_\_ day of

\_\_\_\_\_ , \_\_\_\_\_

\_\_\_\_\_  
Notary Public