DIOCESE OF ST. PETERSBURG PENSION PLAN APPLICATION FOR RETIREMENT, VESTED TERMINATION, OR DISABILITY BENEFITS LAY EMPLOYEES - PAGE ONE

HIS	PAGE TO BE COMPL	PLETED BY A	APPLICANT				PLEASE PRINT O	
1 1	Employee's Legal Last	st Name, Firs	st Name and Mide	lle Initial			Social Security No. LAST 4 O	NLY
	<u>64 4 4 1 1</u>						XXX-XX-	
00	Street Address				Phone Number			
	City			State	Area Code ()	Zip Code	
							L	
	Date of Birth*	U	S. Citizen □ Yes □	Emai	l address			
	*Evidence as to Date of Birth: a photocopy of ONE of the following is required: birth certificate, baptismal certificate, passport or driver's license to substantiate dates of birth for BOTH Applicant and Beneficiary. (NOTE: All foreign documents must be translated into English).							
	Benefit Requested: (check one)	ormal Retirement						
	Rule of 85 (Sum of Age & Credited Service equals 85)							
	-			•	-		reduction factors apply)	
	-		Early, date you wi		commence (mr	n/dd/yy):		
	-	V	ested Termination	Benefits				
	_	D	isability (requires	physician's letter,	10 Years of C	redited Serv	vice, & Board approval)	
on 2	Service Record: To the	ne best of you	ır knowledge, pleas	se list exact dates	of employmen	t at all locat	ions in the Diocese of	
Section 2	St. Petersburg where you were employed and the exact dates of en							
Ń	Name of Church, School, or Other Entity			E	mployment Sta Month/Day/		Employment End Da Month/Day/Year	te
			÷					
	If employed at a schoo	ol, paid on 1	0, 11, or 12 mont	h basis (circle on	e) 10	11	12	
	Beneficiary Information				,			
							Social Security No.	
	Address						Date of Birth (See requiremen	its above)
n	Address City			State	Zip	Code	Date of Birth (See requiremen Relationship	ts above)
Section	City	ior to choosin	ng any beneficiary		1		· •	,
Section	City		• • • •	other than your s	pouse, either		Relationship	,
Section	City Spousal Consent: Prio	ted by you. S	See Notice Regardi	other than your s	pouse, either	Part A must	Relationship be completed by your spouse	
Section	City Spousal Consent: Prio Part B must be complete Part A: Completed by	ted by you. S y Spouse of A	See Notice Regardi Applicant	other than your song Spousal Conse	<i>pouse</i> , either and on back.	Part A must the plan part	Relationship be completed by your spouse icipant, herewith state and	e, OR
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NOTICE REGARDING SPOUSAL CONSENT

Once you become vested in your pension benefits, a survivorship benefit will be paid to your named beneficiary if you die prior to the commencement of retirement benefits at your normal retirement date.

Due to the fact that you are naming someone other than your spouse as your beneficiary, you **must** complete a spousal consent form. This form will assure that benefits are paid per your intentions. Completion of this form is required if you want to name anyone other than your spouse as beneficiary for purposes of the preretirement death benefit. You must also complete this form if you are not married and have no spouse.

List here any Contingent Beneficiaries:			
Contingent Beneficiary Name (Cannot be an estate or trust)	Social Security No.		
Address			Date of Birth
City	State	Zip Code	Relationship
Contingent Beneficiary Name (Cannot be an estate or trust)	Social Security No.		
Address			Date of Birth
City	State	Zip Code	Relationship
Contingent Beneficiary Name (Cannot be an estate or trust)	Social Security No.		
Address			Date of Birth
City	State	Zip Code	Relationship