

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

THIS PAGE TO BE COMPLETED BY APPLICANT

PLEASE PRINT OR TYPE

Section 1	Employee's Legal Last Name, First Name and Middle Initial		Social Security No. LAST 4 ONLY XXX-XX-
	Street Address	Phone Number Area Code ()	
	City	State	Zip Code
	Date of Birth*	U.S. Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No	Email 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)

_____ Normal Retirement

_____ Rule of 85 (Sum of Age & Credited Service equals 85)

_____ Early Retirement (Min. age 55 & 10 Years of Credited Service; reduction factors apply)
 If Early, date you wish to benefits to commence (mm/dd/yy): _____

_____ Vested Termination Benefits

_____ Disability (requires physician's letter, 10 Years of Credited Service, & Board approval)

Section 2 **Service Record:** To the best of your knowledge, please list exact dates of employment at all locations in the Diocese of St. Petersburg where you were employed and the exact dates of employment at each entity. Use Reverse side if needed.

Name of Church, School, or Other Entity	Employment Start Date Month/Day/Year	Employment End Date Month/Day/Year

If employed at a school, paid on 10, 11, or 12 month basis (circle one) 10 11 12

Section 3 **Beneficiary Information: (List Contingent Beneficiaries on Back)**

Primary Beneficiary Legal Name (BENEFICIARY CANNOT BE A TRUST OR AN ESTATE)		Social Security No.
Address		Date of Birth (See requirements above)
City	State	Zip Code Relationship

Spousal Consent: Prior to choosing any beneficiary *other than your spouse*, either Part A must be completed by your spouse, OR Part B must be completed by you. See Notice Regarding Spousal Consent on back.

Part A: Completed by Spouse of Applicant

_____, as the spouse of the plan participant, herewith state and acknowledge that: 1) I am the legal spouse of the applicant named above whose address is shown above; 2) I have fully notified regarding the preretirement death benefit under the Diocese Plan; 3) I understand that I must consent to an election by my spouse to have the benefit paid to any other beneficiary; 4) I have read and I understand the Notice of Preretirement Survivor Annuity and that this consent is made as a voluntary act and deed; 5) I consent to the benefit payable to: _____ as the designated beneficiary; 6) I understand that my consent is irrevocable unless my spouse revokes the beneficiary designation.

Signature of Spouse: _____ Date: _____

Witness (This part must be executed before either a Notary Public or a representative of the Employer.)
 Signed this _____ day of _____, _____, in the County of _____, State of _____.
 Signature: _____

Part B: Completed by Applicant

_____ I have no spouse, or _____ my spouse cannot be located.

Signature of Applicant: _____ Date: _____

Section 4 **Applicant Certification:**

I hereby certify the above information to be correct.

Date _____ Signature _____

Return To: Gabriel, Roeder, Smith & Company
 Attn: Diocese of St. Petersburg Pension Plan
 One East Broward Blvd., Suite 505
 Fort Lauderdale, FL 33301
 (954) 527-1616 Fax: (954) 525-0083

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PLEASE ALLOW 6 TO 8 WEEKS TO PROCESS AFTER DATE OF RECEIPT.
PLEASE DO NOT APPLY FOR BENEFITS UNTIL YOU HAVE TERMINATED YOUR EMPLOYMENT.

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