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| PENSION PLAN FOR EMPLOYEES WITHIN THE ARCHDIOCESE OF MIAMI | | | CHANGE IN DATA | | | Employer List Entity No: | |
| PLEASE PRINT | | | | | | | |
| Current Last Name | | First Name | | Initial | | Social Security No. | |
| CURRENT STATUS | Actively Employed | | Terminated | | Retired | | |
| NAME CHANGE | Previous Name | | | | | | |
| ADDRESS CHANGE | Address | | City | State | Zip Code | | |
| EMPLOYMENT TRANSFER | FROM (Entity Name) | | City | TERMINATION DATE | | Entity No: | |
| | TO (Entity Name) | | City | STARTING DATE | | Entity No: | |
| LAY EMPLOYEES: SEE BACK OF CARD FOR BENEFICIARY DESIGNATION INSTRUCTIONS. | | | | | | | |
| BENEFICIARY CHANGE | Name | | | Relationship | | Date of Birth | |
| | Address | | City | State | Zip Code | | |
| THIS CARD IS NOT VALID UNLESS SIGNED AND DATED | | | | | Beneficiary Social Security No. | | |
| SIGNATURE _____ DATE: _____ | | | | | | | |

SPOUSAL CONSENT FORM

PARTICIPANT NAME: _____

REGARDING PAYMENT OF PRERETIREMENT DEATH BENEFIT

SS#: _____

Prior to election of any beneficiary other than a spouse, either Part A must be completed by the Spouse of the Plan Member, or Part B must be completed by the Member (See back for instructions).

Part A: _____, the undersigned herewith states and acknowledges:

1. That I am the legal spouse of _____ whose address is _____.
2. That I have been fully notified regarding the preretirement death benefit under the Pension Plan for Employees within the Archdiocese of Miami.
3. That I understand that I must consent to an election by my spouse to have the benefit paid to any other beneficiary.
4. That I have read and understand the Notice of Preretirement Survivor Annuity, and that this consent is made as a voluntary act and deed.
5. That I consent to have the benefit payable to _____ as the designated beneficiary.
6. That 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 _____, 20____ in the County of _____ State of _____

Signature _____

Part B: _____, the undersigned herewith states and acknowledges:
 _____ I have no spouse or that _____ my spouse cannot be located.

Signature of Member: _____ Date _____

To be completed by Employer: The above has been established to my satisfaction

EMPLOYER: By _____ Date _____

INSTRUCTIONS

- A. THIS CARD IS NOT VALID UNLESS SIGNED AND DATED.
- B. ANY INCOMPLETE INFORMATION ON THIS CARD WILL ONLY DELAY THE PROCESSING OF THIS CARD.
- C. **LAY EMPLOYEES:** IF YOU NAME SOMEONE OTHER THAN YOUR SPOUSE AS BENEFICIARY, OR IF YOU HAVE NO SPOUSE, YOU WILL NEED TO COMPLETE A SPOUSAL CONSENT FORM SHOWN BELOW THE CHANGE IN DATA FORM ON THE FRONT PAGE.
- D. AFTER COMPLETION OF THIS CARD, RETURN TO EMPLOYER FOR FORWARDING TO:

**GABRIEL, ROEDER, SMITH AND COMPANY
ONE EAST BROWARD BLVD., SUITE 505
FORT LAUDERDALE, FL 33301**
- E. ANY QUESTIONS, PLEASE CALL (954) 527-1616 OR WRITE TO THE ABOVE ADDRESS.

SPOUSAL CONSENT FORM INSTRUCTIONS

Once you become vested in your Pension benefits, a survivorship benefit will be paid to your name 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, we will need you to 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.

Please complete the Spousal Consent Form on the reverse side of this Notice. If you have any questions, please feel free to contact the Plan Administrator at (954) 527-1616. This form should be returned to Gabriel, Roeder, Smith & Company, Attn: A/D One East Broward Blvd., Suite 505, Fort Lauderdale, FL 33301.