## ARCHDIOCESE OF MIAMI PENSION PLAN

## **CHANGE IN DATA**

Miami

Employer List Entity No:

EMPLOYMENT TRANSFER TO (Entity Nome)  City  STARTING DATE Entity No.  LAY EMPLOYEES: SEE BACK OF CARD FOR BENEFICIARY DESIGNATION INSTRUCTIO  BENEFICIARY CHANGE Address  City  Storie Zip Co.  THIS CARD IS NOT VALID UNLESS BIGNED AND DATED  SIGNATURE  SPOUSAL CONSENT FORM REGARDING PAYMENT OF PRERETIREMENT DEATH BENEFIT  SS 8:  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 member, (See back for instructions).  Part A:  1. That I am the legal spouse of  5					PLEASE PRINT
NAME CHANGE ADDRESS CHANGE ADDRESS CHANGE FroM (Entity Nome) FROM (Entity Nome)  City TERMINATION DATE Entity No:  EMPLOYMENT TRANSFER TO (Entity Nome) City STARTING DATE Entity No:  LAY EMPLOYEES: SEE BACK OF CARD FOR BENEFICIARY DESIGNATION INSTRUCTIO Nome Redictionship Date BENEFICIARY CHANGE Address Chy Storie Zp Co  THIS CARD IS NOT VALID UNLESS SIGNED AND DATED SQUORUS  SPOUSAL CONSENT FORM RECARDING PAYMENT OF PERRETTREMENT DEATH BRNEFIT SS #:  SR  2. That I have been fully notified regarding the prerestirement death benefit under the Archidiocese of Miami Pension Plan. 3. That I moderstand 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 Noice of Preretirement Survivor Annaity, and that this consent is made as a voluntary act and deed. 5. That I consent to have the benefit payable to deed the beneficiary designation.  gnature of Spouse:  Date  THESES (This part must be executed before either a Notary Pablic or a representative of the Employer.)  gnature:  Jave undersigned herewith states and acknowledges to the Understand that my consent is irrevocable unless my spouse revokes the beneficiary designation.  gnature:  Date  These undersigned herewith states and acknowledges to the Understand that my consent is irrevocable unless my spouse revokes the beneficiary designation.  gnature:  Date  These undersigned herewith states and acknowledges to the Understand that my consent is irrevocable unless my spouse contexts the beneficiary designation.  gnature:  The Date undersigned herewith states and acknowledges to the Understand that my consent is irrevocable unless my spouse context.  Date  the undersigned herewith states and acknowledges to the Understand that my consent is irrevocable unless my spouse context.  Bastarte of Member:  Date  Date  The Date and The Date and The Date and Date	Participant Current Lo	ast Name First Name	Middle Initio	Social Security No.	
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EMPLOYEES: SEE BACK OF CARD FOR BENEFICIARY DESIGNATION INSTRUCTIO    Recommendation		Address		City	State Zip Code
LAY EMPLOYEES: SEE BACK OF CARD FOR BENEFICIARY DESIGNATION INSTRUCTIO  BENEFICIARY CHANGE    Norme	EMPLOYMENT	FROM (Entity Name)	City	TERMINATION DATE	Entity No:
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SPOUSAL CONSENT FORM REGARDING PAYMENT OF PRERETIREMENT DEATH BENEFIT  SS #:	CHANGE	Address	City		State Zip Code
SPOUSAL CONSENT FORM REGARDING PAYMENT OF PRERETIREMENT DEATH BENEFIT  SS #:  for 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 in the states and acknowled the states and acknowled in the states and acknowled in the states and the states and acknowled in the states and the states and acknowled in the states and 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	HIS CARD IS NOT V	ALID UNLESS SIGNED AND DATE	D	Beneficiary Social Security No.	
SPOUSAL CONSENT FORM REGARDING PAYMENT OF PRERETIREMENT DEATH BENEFIT  S\$ #:	gnature	Date			
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PLOYER; By Date	be completed by Employe	er: The above has been established to my s	satisfaction:	van	
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