

**CHANGE IN DATA**

**PLEASE PRINT**

Participant Current Last Name	First Name	Middle Initial	Social Security No.
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<b>CURRENT STATUS</b>	Actively Employed <input type="checkbox"/>	Terminated <input type="checkbox"/>	Retired <input type="checkbox"/>
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<b>NAME CHANGE</b>	Previous Name
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<b>ADDRESS CHANGE</b>	Address	City	State	Zip Code
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<b>EMPLOYMENT TRANSFER</b>	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.**

<b>BENEFICIARY CHANGE</b>	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  
REGARDING PAYMENT OF PRERETIREMENT DEATH BENEFIT**

PRINT PARTICIPANT NAME: \_\_\_\_\_

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 Archdiocese of Miami Pension Plan.
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 that  
\_\_\_\_\_ 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 \_\_\_\_\_