

PENSION PLAN FOR EMPLOYEES WITHIN THE ARCHDIOCESES OF MIAMI ENROLLMENT CARD				Employer List Entity No:
<b>PLEASE PRINT</b>				
Participant Last Name	First Name	Initial	Social Security No.	
Address	City	State	Zip Code	
Date of Birth	Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Married	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Class <input type="checkbox"/> Diocesan Priest <input type="checkbox"/> *Lay Employee	
Name of Employer: (church, School, Etc)			Date of Employment/ At this Location	
Location (city)				
Occupation:	Has your Employment with the Archdiocese Been Interrupted? <input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes, Name of First Employer	
Dates Worked: From: _____ To: _____		Reason for Interruption:		
Beneficiary Name:		Date of Birth:	Relationship (if not spouse see back)	
Beneficiary Address		City	State	Zip Code
Beneficiary Social Security No.:		Date:	Signature:	
		Date:	Employer Signature:	

See back for instructions.

**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 \_\_\_\_\_  
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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 YOUR ENROLLMENT IN THE ARCHDIOCESE OF MIAMI/DIOCESE OF VENICE PENSION PLAN.
- C. **LAY EMPLOYEES:** IF YOU NAME SOMEONE OTHER THAN YOUR SPOUSE AS BENEFICIARY, OR IF YOU HAVE NO SPOUSE, YOU WILL NEED TO COMPLETE THE SPOUSAL CONSENT FORM SHOWN BELOW THE ENROLLMENT 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.

**PLEASE NOTE: IF YOU ARE TRANSFERRING DIRECTLY FROM ANOTHER EMPLOYER WITHIN THE ARCHDIOCESE/DIOCESE, PLEASE DO NOT COMPLETE THIS CARD – USE A "CHANGE IN DATA" CARD.**

## **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.