

**ARCHDIOCESE OF MIAMI
PENSION PLAN ENROLLMENT CARD**

Miami

Employer
List Entity No: _____

PLEASE PRINT

Participant Name: _____ First Name: _____ Middle Initial: _____ Social Security No.: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Date of Birth: _____ Marital Status: Single Divorced Married Sex: Male Female Class: Diocesan Priest *Lay Employee

Exact Name of Employer: (Church, School, Etc.): _____ Date of Employment/At this Location: _____

Location (City): _____

Occupation: _____ Has your Employment with the Archdiocese been interrupted? Yes 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
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** _____

ENROLLMENT CARD INSTRUCTIONS

- A. THIS ENROLLMENT 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 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 & 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, 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 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, 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.