## THE ROMAN CATHOLIC DIOCESE OF BOISE LAY PENSION PLAN BENEFICIARY DESIGNATION FORM

Participant Name:

If you pass away prior to an amount equal to your vested pension account balance being paid, your beneficiary will receive the remainder of your benefit. If you are **married**, your spouse is automatically your Primary Beneficiary (please complete the Primary Beneficiary section below). Please also provide a secondary beneficiary, in the event your spouse predeceases you. If you are **not married**, please designate a beneficiary.

Social Security Number:

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me Street Address;			Da	Date of Birth:			
ity;	State:	Zip Code	; Pa	Participant Phone Number:			
ase note:  1) You can not designate a persona 2) You can have only one benefician reby designate the following individ	y at a time						
rimary Beneficiary:							
ame of Primary Beneficiary:	Social So	ecurity Number:	Date of Birth:		Rela	Relationship:	
reet Address:	<u>l</u>				<u> </u>		
ity:		State:			Zip Code	<del></del> ;	
Secondary Beneficiary:							
Name of Secondary Beneficiary:		Social Security	Number:	Date	of Birth;	Relationship:	
	ı			l			
Street Address:							
Street Address:  City:			State:			Zip Code:	
			State:			Zip Code:	

The beneficiary(ies) designation made above revokes any other designation made prior to this date. I reserve the right to change this designation.

Return this completed form to:

Diocese of Boise Pension Service Center-DB C/O USI Consulting Group 95 Glastonbury Blvd., Suite 102 Glastonbury, CT 06033 Fax: (860) 659-1673

Email: Boise.Pension@usi.com

We recommend that you make a copy of this form for your records.