



# Pension Benefit Application

## Section A: General Information

Contract Holder Name <b>Catholic Bishop of Chicago</b>		Parish/School Name						
Member Last Name		First Name		Middle Initial		Social Security No.		
Member Address (No. & Street)				City		State		Zip
Gender	Date of Birth	Marital Status	Date of Marriage	Hire Date		Termination Date	Normal Retirement Date	

## Section B: Retirement Benefit

Date of Retirement (Payment Starting Date):
In accordance with the terms of the plan, the member has elected one of the following options:
<input type="checkbox"/> Life Benefit (No Survivor benefits) <input type="checkbox"/> Ten Year Certain and Continuous
<input type="checkbox"/> Joint and Survivor Benefit Amount Payable to Surviving Spouse: <input type="radio"/> 50% <input type="radio"/> 66 2/3% <input type="radio"/> 75% <input type="radio"/> 100% <input type="checkbox"/> Lump Sum Distribution <i>(subject to limitations of the plan)</i>

## Section C: Survivor / Beneficiary Information

Joint Annuitant or Survivor Last Name		First Name		Middle Initial		SSN	
Address (No. & Street)				City		State	Zip
Date of Birth	Gender	Relationship		<input type="checkbox"/> Spouse		<input type="checkbox"/> Other	

## Contingent Beneficiary for 10 Year Certain (Complete only if you have elected the 10 Year Certain Benefit)

Joint Annuitant or Survivor Last Name		First Name		Middle Initial		SSN	
Address (No. & Street)				City		State	Zip
Date of Birth	Gender	Relationship		<input type="checkbox"/> Spouse		<input type="checkbox"/> Other	
Did the spouse consent to a designation of beneficiary other than self?				For additional beneficiaries, please attach additional forms.			
<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> N/A					

## Participant Certification

I certify that I have read and reviewed the information contained on this form and that it accurately reflects my choice of benefits and beneficiary *(if applicable)*.

Signature of Participant

Date

## Certification of Joint and Survivor Waiver

*(To be completed ONLY IF selecting a form of benefit other than Joint and Survivor)*

I certify that I **am not married**.

I certify that I **am married**, and I elect to decline the Joint and Survivor Benefit that would provide an annuity for my spouse after my death, which the plan provides to a married participant who has not elected another benefit form.

Participant Signature

Date

## Spousal Acknowledgement of Election

I consent to the pension benefit option which my spouse has elected above. I understand that by giving my consent to this benefit payment option, I am waiving my right to any benefit which would otherwise be payable under the plan in the event of my spouse's death.

**By signing the form below, I consent to my spouse's pension benefit selection above.**

Spouse's Printed Name

Spouse's Signature

Date

**Notary Public**

Date

**PLEASE NOTE: This section must be completed, signed and dated in the presence of the Notary.**

**Important:** Attach the appropriate tax withholding form and submit originals to:

Archdiocese of Chicago  
Human Resources  
P.O. Box 1979  
Chicago, Illinois 60690