# APPLICATION FOR MEMBERSHIP AND DESIGNATION OF BENEFICIARY
# DIOCESE OF PALM BEACH PENSION PLAN TRUST

Last Name _____ First Name _____ Middle Initial _____ Social Security No. _____

Date of Employment _____ (month) (day) (year) Date of Birth _____ (month) (day) (year) Sex _____

I hereby designate the person(s) named as my beneficiary to receive any benefit from the Employee Retirement Plan(s) of Diocese of Palm Beach which may become due at or after my death according to the terms and conditions of that Plan. If more than one person is named as beneficiary, any payments to which they may be entitled will be paid in equal shares to such of the designated persons, survivor, or survivors as shall then be living; or, if none, then pursuant to the terms of the Plan.

Name of Beneficiary (Full given name, if married woman) _____ Social Security No. _____

Address _____ City _____ State _____ Zip _____

Relation to Participant _____ Date of Birth _____ (month) (day) (year)

Date _____ Signature _____

**Please note:** Keep White copy for your files
Employee – Pink Copy
Send hard copy to Benefits Office