



Diocese of Palm Beach

Defined Benefit Pension Plan Application Instructions

Employee:

- Complete the Lay Employees Application for Retirement Benefits in its entirety.
- The employee must include proof of date of birth for the employee and their named beneficiary. A clear and readable copy of one of the following documents is required:
 - Birth certificate
 - Baptismal certificate
 - Driver's License
 - Passport
- **The completed application and attachments are to be submitted to:**

Gabriel, Roeder, Smith and Company

Attn: Aga Krekora

One East Broward Blvd Suite 505

Fort Lauderdale, FL 33301

Phone: 954.527.1616 | Fax: 954.525.0083

Employment Verification

- Gabriel, Roeder, Smith and Company has the employee data verification form for this part of the application.



Diocese of Palm Beach Pension Plan

Lay Employees Application for Retirement Benefits

Print or Type:

Employees Legal Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Date of Birth *: _____ Sex: _____ Social Security Number: _____ - _____ - _____

Phone Number: (____) _____ - _____ Email Address: _____

Benefit Requested (Select One): _____ Normal Retirement _____ Early Retirement _____ Vested Term (not age 65, but vested) _____ 70 ½

*Evidence as to proof of date of birth is required for the applicant and named beneficiaries. A photocopy of one of the following is required to substantiate dates of birth for the applicant and name beneficiaries: birth certificate, baptismal certificate, passport or driver's license. All foreign documents must be translated into English.

Service Record: Please list EXACT dates of employment at all locations worked at within the Diocese of Palm Beach and the period of service for each. Please use reverse side if additional space is needed.

Exact Entity Name & City

From (month/day/year)

To (month/day/year)

Beneficiary Designation: Please designate only a person or persons as your beneficiary. Estates or Trusts are not eligible to be named as beneficiary.

Primary Beneficiary:

Legal Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Date of Birth *: _____ Relationship: _____ Social Security Number: _____ - _____ - _____

Contingent Beneficiary:

Legal Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Date of Birth *: _____ Relationship: _____ Social Security Number: _____ - _____ - _____

*Evidence as to proof of date of birth is required for the applicant and named beneficiaries. A photocopy of one of the following is required to substantiate dates of birth for the applicant and name beneficiaries: birth certificate, baptismal certificate, passport or driver's license. All foreign documents must be translated into English.

Applicant Certification: I hereby certify the above information to be correct. If incorrect information is provided and the Plan Administrator becomes aware of the errors in the data that was used, I understand the Plan has the right to recover from me, amounts that were paid to me in error.

Employee Signature: _____

Date: _____

Your application will be processed and the results forwarded to you approximately 6 to 8 weeks after the date of receipt of complete and accurate information requested from the employee and employer.

Please return this application and required documentation to:

Gabriel, Roeder, Smith and Company

Attn: Aga Krekora

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