

DIOCESE OF CHARLOTTE RETIREMENT PROGRAM FOR LAY EMPLOYEES

BENEFICIARY DESIGNATION FORM

Participant's Name _____ Soc. Sec. No. _____

Location _____

**NOTE: It is important that everyone fill out a designation form.
Please return to Diocesan Human Resources Office.**

PRIMARY BENEFICIARY (IES)
ENTER NAME(S), RELATIONSHIP(S) AND ADDRESS(ES)

SECONDARY BENEFICIARY(IES)
ENTER NAME(S), RELATIONSHIP() AND ADDRESS(ES)

I reserve the right to change at any time the designation above by written notice. The change shall be effective on the date such written notice is received and acknowledged by the Committee.

Payment of any amount becoming due by reason of my death shall be made to my primary beneficiary (or equally to my beneficiaries if more than one) who survives me and is living on the date payment becomes due; or, if my primary beneficiary does not survive me, my secondary beneficiary (or equally to my beneficiaries if more than one) who survives me and is living on the date payment becomes due. I understand that if my primary and secondary beneficiaries do not survive me any benefits due in the event of my death will be paid to my estate.

_____ Date

_____ Participant's Signature

RECEIPT OF FORM BY COMMITTEE

Receipt of this form is acknowledged this _____ day of _____, _____

_____ Committee Member's Signature