

# LAY EMPLOYEES' RETIREMENT PLAN

Roman Catholic Diocese of Ogdensburg  
PO Box 369, Ogdensburg, NY 13669

## DESIGNATION OF BENEFICIARY FOR PRE-RETIREMENT DEATH BENEFIT

Last Name	First Name	M.I.
Street		
City, State, Zip		
Social Security Number		

I, the undersigned, revoking all former designations made by me pursuant to my pre-retirement death benefit coverage, hereby direct the Lay Employees' Retirement Fund, in the event of my death, to pay my pre-retirement death benefit to the beneficiary or beneficiaries named below.

**Designation of Primary Beneficiary(ies).** I hereby name the following beneficiary(ies) to receive my pre-retirement death benefit payable on my behalf. If I have named more than one beneficiary, it is my intention that those living at the time of my death should share equally any benefit payable. I reserve the right to change this designation at any time.

<b>Full Name</b>	<b>Address</b>	<b>Social Security No.</b>	<b>Relationship</b>	<b>Date of Birth</b>

**Designation of Contingent Beneficiary(ies).** If all of the designated primary beneficiaries die before I do, my pre-retirement death benefit payable on my behalf shall be paid to the following. If I have named more than one beneficiary, it is my intention that those living at the time of my death should share equally any benefit payable. Furthermore, if I out-live these beneficiaries, any benefit payable should be paid to my estate or any other beneficiary I name thereafter. I reserve the right to change this designation at any time.

<b>Full Name</b>	<b>Address</b>	<b>Social Security No.</b>	<b>Relationship</b>	<b>Date of Birth</b>

<b>Signature of Employee:</b>	<b>Date:</b>
<b>Signature of Witness</b>	<b>Date:</b>