



**THE DIOCESE OF SACRAMENTO  
LAY EMPLOYEES PENSION PLAN  
BENEFICIARY DESIGNATION**

Employee Name: \_\_\_\_\_ Parish/School/Agency: \_\_\_\_\_  
 Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City, State, ZIP Code: \_\_\_\_\_

**BENEFICIARY INFORMATION** (See page 2 for form completion instructions.)

If you are **legally married**, your primary beneficiary is automatically your spouse. Neither you nor your spouse may elect otherwise.

If you are **not married**, your primary beneficiary is any person that you designate to receive death benefits under the plan, if any are payable.

Regardless of your marital status, it is important to designate a beneficiary – and to keep your designation up-to-date. If you fail to designate a beneficiary – or your beneficiary is not living at the time of your death – then the benefits due will be paid in accordance with the plan and the plan’s administrative procedures.

Should your spouse or other beneficiary fail to survive you by at least 30 days – or if you and your beneficiary die in a common accident or disaster – you will have been deemed to have died last.

Full Name (First, MI, Last) Address & Phone Number	Birth Date	SSN	Relationship	%	Beneficiary Type
					<input type="checkbox"/> Primary <input type="checkbox"/> Contingent
					<input type="checkbox"/> Primary <input type="checkbox"/> Contingent
					<input type="checkbox"/> Primary <input type="checkbox"/> Contingent
					<input type="checkbox"/> Primary <input type="checkbox"/> Contingent

Use a separate page if more space is necessary.

**AUTHORIZATION AND ACKNOWLEDGEMENT**

I hereby make the above designation, revoking and replacing all previous designations under this plan. I understand if I am legally married at my death, my spouse has priority over any other claim presented.

Signature of Employee \_\_\_\_\_ Date \_\_\_\_\_

**ADMINISTRATOR’S RECORD OF RECEIPT**

Date Received: \_\_\_\_\_ Initials: \_\_\_\_\_

**Original To:** Office of Lay Personnel      **Copy To:** Employee / Retiree

## INSTRUCTIONS

1. Use this form to designate or change your primary and/or secondary beneficiary. Type or print legibly in ink. Sign and date form. Return original and retain a copy for your records.
2. When your relationship to your beneficiary is other than by blood, show your relationship as “nonrelative”.
3. Where more than one primary and/or secondary beneficiary is designated, the amount to be paid to each beneficiary must be clearly set forth by designating fractions or portions to be received.
4. Your secondary beneficiary will receive a benefit only if (a) your primary beneficiary dies before you, or (b) your spouse dies before receiving the total survivor benefit.
5. Common Accident or Disaster: The plan provides that if you and your spouse or other beneficiary dies in a common accident or disaster, you will be deemed to have died last.
6. If your death occurs and a minor is designated, or your beneficiary is incapable of giving valid receipt, the Plan Administrator may direct that payment be made to the person or institution responsible for the care and maintenance of such individual.
7. The proper wording for typical nominations of beneficiary is shown below. In the event none of the following nominations provides the disposition desired, **you should consult your attorney.**

<u>Type of Beneficiary</u>	<u>Language To Be Used</u>
<p>Personal Beneficiaries</p> <ol style="list-style-type: none"> <li>1. One Primary Beneficiary.</li> <li>2. Two Primary Beneficiaries.</li> <li>3. Three or more Primary Beneficiaries</li> <li>4. One Primary Beneficiary and One Secondary Beneficiary.</li> <li>5. <b>One Primary Beneficiary and Two Secondary Beneficiaries.</b></li> <li>6. <b>One Primary Beneficiary and Three or more Secondary Beneficiaries.</b></li> <li>7. <b>One Primary Beneficiary and Unnamed Children as Secondary Beneficiaries.</b></li> <li>8. Two Primary Beneficiaries and One Secondary Beneficiary.</li> <li>9. Two Primary Beneficiaries in Unequal Beneficiary.</li> </ol> <p>Estate</p> <ol style="list-style-type: none"> <li>10. Estate</li> </ol> <p>Trustee or Business Partner</p> <ol style="list-style-type: none"> <li>11. Trustee or Business Partner</li> <li>12. Revocable Inter Vivos Trust.</li> </ol>	<p>Personal Beneficiaries</p> <ol style="list-style-type: none"> <li>1. Peter Jones, father.</li> <li>2. Peter Jones, father and Anna Jones, mother, equally, or the survivor.</li> <li>3. Peter Jones, father and Anna Jones, mother, and Mary Jones, daughter, or the survivors, equally, or the survivor.</li> <li>4. Dorothy Q. Jones, spouse, if living, otherwise Mary Jones, daughter.</li> <li>5. <b>Dorothy Q. Jones, spouse, if living, otherwise Mary Jones, Quincy Jones, son, equally, or the survivor.</b></li> <li>6. <b>Dorothy Q. Jones, spouse, if living, otherwise Mary Jones, Quincy Jones, and Edna Jones, children, or the survivor or survivors, equally.</b></li> <li>7. <b>Dorothy Q. Jones, spouse, if living, otherwise the children born of the marriage of the designator and said wife, or the survivor, or the survivors, equally.</b></li> <li>8. Peter Jones, father, and Anna Jones, mother equally, or the survivor, if either survives; otherwise Mary Jones, daughter.</li> <li>9. Peter Jones, father, as to the three-fourths (3/4), and Anna Jones, mother, as to one-fourth (1/4), or the survivor.</li> </ol> <p>Estate</p> <ol style="list-style-type: none"> <li>10. Estate</li> </ol> <p>Trustee or Business Partner</p> <ol style="list-style-type: none"> <li>11. _____ (trustee or business partner)</li> <li>12. Surviving Trustee(s) under the Trust Agreement Establishing the (Name of trust, such as “Peter and Dorothy Jones Revocable Trust”) dated [date trust agreement signed].</li> </ol>

**Designations in bold type mean your spouse is your primary beneficiary.**

For questions, please contact:

Diocese of Sacramento  
 Office of Lay Personnel  
 2110 Broadway  
 Sacramento, CA 95818  
 (916) 733-0282  
 www.scd.org