



401(k) Plan Beneficiary Designation Form

Employee Name: _____ [SSN: _____ - _____ - _____]
(Please Print)

All benefit eligible employees who regularly work 20 hours or more per week are eligible to participate in the 401(k) plan. Auto-enrollments begin at 4% and a contribution of at least 3% will earn you a 3.5% match provided by the Archdiocese. Please refer to summary plan information for details.

401(k) Beneficiary Designation

If you are married, by law your spouse must be your sole primary beneficiary, unless your spouse agrees to the designation of another beneficiary. To name someone other than your spouse, your spouse's consent is required in the Spousal Consent section on the reverse side of this form.

_____ Married: I am married, and understand that if my marriage ends, this beneficiary designation will remain in effect until I file a new Beneficiary Designation Form or remarry.

_____ Not married: I am not married, and understand that if I do not designate a beneficiary, my estate will be my beneficiary. However, if at any time I do marry, my spouse becomes my beneficiary, unless my spouse consents otherwise.

Primary Beneficiary(ies) - I hereby designate the following person(s) as my Primary Beneficiary(ies) under the Plan and revoke any beneficiary designation I may have previously made:

Name of Primary Beneficiary(ies)	Relationship	Percentage (Must Total 100%)
_____	_____	_____ %
_____	_____	_____ %
_____	_____	_____ %

Secondary Beneficiary(ies) - I hereby designate the following person(s) as my Secondary Beneficiary(ies) under the plan and revoke any beneficiary designation I may have previously made. *Secondary beneficiaries become entitled to payment ONLY IF ALL Primary Beneficiaries named above predecease the participant.*

Name of Secondary Beneficiary(ies)	Relationship	Percentage (Must Total 100%)
_____	_____	_____ %
_____	_____	_____ %
_____	_____	_____ %

In addition to the above, I also authorize Voya to accept and implement all my electronic instructions given via the information line.

X _____ (_____) _____
Employee Signature Date Daytime Phone Number

Please see reverse if you are married and want to designate someone other than your spouse as a primary beneficiary.

Employee Name: _____ SSN: _____ - _____ - _____
(Please Print)

IMPORTANT: This section is required **only** if you are married AND designate someone other than your spouse as sole primary beneficiary for the 401(k) Plan. **IT MUST BE NOTARIZED.**

Spousal Consent to Name Another Beneficiary Under the 401(k) Plan

I, _____ (spouse's name) certify that I am the spouse of the participant named on this form, and have read the form as completed and signed by my spouse, the Plan participant. I hereby consent to the Designation of Beneficiary, and acknowledge that to the extent anyone other than me is designated Primary Beneficiary, I am waiving any rights that I may otherwise have to receive benefits under the Plan in the event of my spouse's death.

Signature of Spouse

Date

Signature of Notary Public

Date

(Notary Seal)



Life Insurance Beneficiary Designation Form

Employee Name: _____ SSN: _____ - _____ - _____
(Please Print)

All benefit eligible employees, whether they elect to participate in other benefit programs provided by the Archdiocese, are automatically covered under the Group Life Insurance Plan at a benefit of 2.5 times their annual salary.

Life Insurance Beneficiary Designation

Please note: If you are also electing the Voluntary Life Insurance Coverage, *the primary and secondary beneficiaries and their percentages must be identical on both forms.*

Primary Beneficiary(ies) - I hereby designate the following person(s) as my Primary Beneficiary(ies) under the Plan and revoke any beneficiary designation I may have previously made:

Name of Primary Beneficiary(ies)	Relationship	Percentage (Must Total 100%)
_____	_____	_____ %
_____	_____	_____ %
_____	_____	_____ %

Secondary Beneficiary(ies) - I hereby designate the following person(s) as my Secondary Beneficiary(ies) under the plan and revoke any beneficiary designation I may have previously made. *Secondary beneficiaries become entitled to payment ONLY IF ALL Primary Beneficiaries named above predecease the participant:*

Name of Secondary Beneficiary(ies)	Relationship	Percentage (Must Total 100%)
_____	_____	_____ %
_____	_____	_____ %
_____	_____	_____ %

X _____ (_____) _____
Employee Signature Date Daytime Phone Number