

Enrollment

Change

UNIVERSITY OF NOTRE DAME EMPLOYEES' PENSION PLAN

1. PERSONAL INFORMATION

Last Name

First

Middle

Date of Birth _____

Social Security Number _____

Spouse's Name _____

Social Security Number _____

2. DESIGNATION OF BENEFICIARY

If you die before you retire and you do not have five (5) years of vesting service, your contributions plus interest, if applicable, will be refunded to your beneficiary. If you are legally married and do not name your spouse as beneficiary, your spouse must sign the consent form. If you do not have five (5) years of vesting service, your spouse will automatically receive 50% of your reduced benefit in the form of a Pre-retirement Survivor Benefit (unless the surviving spouse has waived rights). If you are not married and have five (5) years of vesting service, all contributions plus interest, if applicable, will be refunded to your beneficiary(ies).

Primary Beneficiary(ies)

Name	Relationship to You	Date of Birth	Social Security Number

Contingent Beneficiary(ies)

Name	Relationship to You	Date of Birth	Social Security Number

I designate the beneficiary(ies) as indicated above.

I have read and I understand the provisions of this application and authorize my employer to deduct from my earnings the required contributions.

Signed _____

Date _____

OVER

3. WAIVER OF SPOUSE'S RIGHT TO A PRE-RETIREMENT SURVIVOR DEATH BENEFIT or REFUND OF PARTICIPANT'S CONTRIBUTION AND INTEREST

Waiver by Participant

Federal pension law, the Employee Retirement Income Security Act of 1974 (ERISA) as amended by the Retirement Equity Act of 1984 (REACT), provides that a 50% survivor benefit be paid to the surviving spouse of a deceased retirement plan participant regardless of the designation of beneficiary in effect at the time of death, unless the surviving spouse has consented to the designation of beneficiary.

You may revoke this waiver at any time during your lifetime before your annuity income begins by naming your spouse as beneficiary.

I have read and understand the above provisions and I waive the right described above.

Signed _____ Date _____

Consent by Spouse

By signing this consent, you are giving up all rights to receive the pre-retirement survivor death benefit and a refund of the participant's contributions and interest. You may not revoke this consent once it has been given unless the participant changes the beneficiary election. Any benefits payable by reason of death of the participant named above before retirement benefits begin, will be paid to the beneficiary named on the previous page. **(Your signature must be witnessed below.)**

I have read and understand the above provisions and I waive the right described above.

Signed _____ Date _____

To be completed by Notary Public (A) – OR – by Plan Representative (B)

(A) County of _____ State of _____. On this _____ day of _____, 20____ before me personally appeared _____, the subscriber (spouse) to me known to be the person described in and who executed the foregoing instrument and he/she acknowledged to me that he/she executed the same.

Notary Public _____ **Date Appointment Expires** _____
(Must include signature and date appointment expires. Include notary seal if required by jurisdiction.)

- OR -

(B) **Verified by** _____
Signature Title

Name of Institution Date