

CATHOLIC DIOCESE OF JACKSON  
MONEY PURCHASE PENSION PLAN  
PARTICIPANT APPLICATION FORM (FORM #4)

INSTRUCTIONS FOR PREPARATION

GENERAL: This form is used by an employee to apply for participation in the Money Purchase Pension Plan. Once an employee is eligible, participation in the Plan is mandatory. An employee is eligible when they have attained the age of twenty-one (21) and completed one (1) year of service with any parish or school of the Diocese. The employee receives a year of service for any fiscal year (July 1 through June 30) during which they have five hundred (500) hours of service. This form should be prepared as soon as possible after the employee becomes eligible but must be submitted at least thirty (30) days prior to the first retirement deposit to be made for the employee.

1. "Adopting Entity:" - Enter the full name of the adopting entity and the city in which the adopting entity is located. For example - St. Joseph Catholic Church, Greenville, MS.
2. "Division Number:" - Enter the division number which has been assigned to the adopting entity. For example, the division number for St. Joseph Catholic Church in Greenville is 22.
3. "Employee:" - Enter the employee's full name (last name, first name, middle initial).
4. "Soc. Sec. #:" - Enter the employee's Social Security number.
5. "Date of Birth:" - Enter the employee's date of birth. For example, January 4, 1942 would be entered as 1-4-42.
6. "Age:" - Enter the employee's age.
7. "Sex:" - Enter the employee's sex.
8. "Date of Employment:" - Enter the date the employee was last hired. In the event an employee was previously hired, terminated service and rehired, a note explaining the situation should be attached to the form and the latest rehire date should be entered on this form. For example, August 15, 1990 should be entered as 8-15-90.
9. "Entry Date into Plan:" - There are two entry dates allowed by the Plan: July 1 and January 1. Enter on this line, the date which comes first after the employee becomes eligible for the Plan. For example, if the employee meets the eligibility requirements on October 18, 1990, her or his entry date into the Plan would be January 1, 1991 and 1-1-91 should be entered on this line of the form.

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10. "As an Employee of \_\_\_\_\_" - Enter the full name of the adopting entity and the city in which the adopting entity is located. For example - St. Joseph Catholic Church, Greenville, MS.
11. "Executed this the \_\_\_\_\_ day..." - Enter the day and month the form is signed. For example - "Executed this the 5th day of November 1990.
12. The form must be signed by the employee and a witness on the lines provided. The witness can be the adopting entity's contact person or authorized representative.
13. Submit the form to the Catholic Diocese of Jackson, Department of Administration and Finance, P. O. Box 2248, Jackson, MS 39225-2248.
14. A copy of this Form should be filed in the participant's personnel file and a copy should be given to the participant.

CATHOLIC DIOCESE OF JACKSON  
MONEY PURCHASE PENSION PLAN  
BENEFICIARY DESIGNATION FORM (FORM #5)

INSTRUCTIONS FOR PREPARATION

GENERAL: This Form is used by an employee to designate the beneficiary(ies) who will receive benefits payable by reason of the participant's death prior to retirement, disability or termination of service. This form will be used when the employee first applies for participation in the Plan and may be used later to amend such designations.

1. " Original (Date \_\_\_\_\_):" - If this is the original Beneficiary Designation Form accompanying the employee's Application for Participation, check this box and enter the date of application.

OR

2. " Amended (Date \_\_\_\_\_):" - If this form changes the original Beneficiary Designation filed when the employee first applied for participation, check this box and enter the date the amended Form #5 was signed by the employee.

3. "Adopting Entity:" - Enter the full name of the adopting entity and the city in which the adopting entity is located. For example - St. Joseph Catholic Church, Greenville, MS.

4. "Division Number:" - Enter the division number which has been assigned to the adopting entity. For example, the division number for St. Joseph Catholic Church in Greenville is 22.

5. "Employee:" - Enter the employee's full name (last name, first name, middle initial).

6. "Soc. Sec. #:" - Enter the employee's Social Security number.

7. "Age:" - Enter the employee's age.

8. "Marital Status:" - Check the appropriate description of the employee's marital status.

9. Line Number 1 - If the participant is married and is under the age of thirty-five (35), the death benefit must be paid to the participant's surviving spouse. No other primary beneficiary may be designated. (However, a contingent beneficiary may be named on Line 3 of Page 2 in the event that the participant's spouse should predecease the participant.)

10. Line Number 2 - If a participant is age 35 or over, married terminating service prior to age 35, or unmarried, she or he may designate a beneficiary(ies) to receive benefits payable in the event of the participant's death. The following information is required:

"Name of Beneficiary" - List the full name of the beneficiary(ies) designated by the participant.

"Address" - Enter the full address including Zip Code of each beneficiary listed.

"Relationship" - Enter the beneficiary's relationship to the participant for each beneficiary listed. Some examples are spouse, son, daughter, mother, father, etc.

"Percentage of Account Balance" - For each beneficiary listed, enter the percentage of the death benefit that beneficiary is to receive. The percentage listed must total 100%. If no percentages are listed, the beneficiaries will share equally.

11. "Payment of Death Benefits to My Primary Beneficiary...". This election is made by all participants in the Plan whether the primary beneficiary is the surviving spouse or other persons. Check the payment method the participant elects to be used for payment of the death benefit to her or his beneficiary(ies).

"\_\_\_\_\_ over \_\_\_\_\_ years..." If the participant elects a non-annuity installment method of payment for the death benefit, check this line and enter the number of years over which the monthly installment payments are to be made. However, the number of years cannot exceed the life expectancy of the beneficiary.

12. If the participant is married and the designated primary beneficiary is not the participant's spouse and/or the method of payment is not a pre-retirement survivor annuity, the participant's spouse must consent to the elections and the Election to Waive Pre-Retirement Survivor Annuity with Spousal Consent (Form #7) must be attached to the Beneficiary Designation Form.

13. Page 1 Signatures - Page 1 must be signed and dated by the employee and a witness.

14. Line Number 3 - "For all participants - Contingent Beneficiary:" This section is used to designate a contingent beneficiary(ies) to receive the death benefit if the primary beneficiary(ies) should pre-decease the participant or disclaim all or part of the death benefit.

The designation of the contingent beneficiary(ies) and the election of the method of payment of the death benefit to the contingent beneficiary(ies) are done in the same manner and using the same instructions as for the primary beneficiary as described above.

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15. "Executed this the \_\_\_\_ day of \_\_\_\_." Enter the date and month the Beneficiary Designation Form was signed by the employee. For example, "Executed this the 11th day of November 1990."
16. The second page of the form must be signed by the employee and a witness on the lines provided.
17. Submit the original, signed form to the Catholic Diocese of Jackson, Department of Administration and Finance, P. O. Box 2248, Jackson, MS 39225-2248.
18. A copy of this form should be given to the participant and a copy kept in the participant's personnel file.

CATHOLIC DIOCESE OF JACKSON  
MONEY PURCHASE PENSION PLAN  
NOTICE OF PRE-RETIREMENT SURVIVOR ANNUITY (FORM #6)

INSTRUCTIONS FOR PREPARATION

GENERAL: This form describes the Pre-Retirement survivor annuity and must be given to all employees when they apply for participation in the Plan.

1. "Adopting Entity:" - Enter the full name of the adopting entity and the city in which the adopting entity is located. For example - St. Joseph Catholic Church, Greenville, MS.
2. "Division Number:" - Enter the division number which has been assigned to the adopting entity. For example, the division number for St. Joseph Catholic Church in Greenville is 22.
3. "Employee:" - Enter the employee's full name (last name, first name, middle initial).
4. "Soc. Sec. #:" - Enter the employee's Social Security number.
5. After reading this form, the participant must sign and date the form on the lines provided. A copy of the form must be given to the participant.
6. Submit the original signed copy of the form to the Catholic Diocese of Jackson, Department of Administration and Finance, P. O. Box 2248, Jackson, MS 39225-2248.
7. A copy of the form should be kept in the participant's personnel file.

CATHOLIC DIOCESE OF JACKSON  
MONEY PURCHASE PENSION PLAN  
ELECTION TO WAIVE PRE-RETIREMENT SURVIVOR ANNUITY (FORM #7)

INSTRUCTIONS FOR PREPARATION

GENERAL: This form is used by a participant to waive the Pre-Retirement Survivor Annuity Form of Death Benefit Payment and provides the spouse's consent to such waiver. This form must accompany the Beneficiary Designation Form (Form #5) if the participant is married and the designated primary beneficiary on the Form #5 is not the participant's spouse and/or the method of payment elected is not a pre-retirement survivor annuity.

1. "Adopting Entity:" - Enter the full name of the adopting entity and the city in which the adopting entity is located. For example - St. Joseph Catholic Church, Greenville, MS.
2. "Division Number:" - Enter the division number which has been assigned to the adopting entity. For example, the division number for St. Joseph Catholic Church is 22.
3. "Employee:" - Enter the employee's full name (last name, first name, middle initial).
4. "Soc. Sec. #:" - Enter the employee's Social Security number.
5. The participant chooses one or both of the waivers by checking one or both of the waiver statements.
6. The participant must attest to the fact that either the spouse's consent to the waiver(s) appears below or that the spouse cannot be located by checking the appropriate line.
7. The election to waive must be signed and dated by the participant and a witness on the lines provided.
8. The participant's spouse consents to the waiver(s) elected by the participant by checking one or both of the consent statements. The spouse's consent statement(s) must exactly correspond to the waiver statement(s) checked by the participant.
9. The participant's spouse must sign and date the consent to waiver on the lines provided in the presence of a witness. The spouse's signature must be witnessed by either the adopting entity's plan representative or by a Notary Public. No other witness is permitted.
10. The original, signed Form #7 should be submitted to the Catholic Diocese of Jackson, Department of Administration and Finance, P. O. Box 2248, Jackson, MS 39215-2248.
11. Copies of the form should be distributed as follows:
  - One copy to the participant.
  - One copy to the participant's personnel file.
  - One copy to the participant's spouse.