

CATHOLIC DIOCESE OF JACKSON
MONEY PURCHASE PENSION PLAN
NOTICE OF TERMINATION OF EMPLOYMENT (FORM #8)

INSTRUCTIONS FOR PREPARATION

GENERAL: This form is used to inform the Plan Administrator that a participant's employment has terminated and represents the participant's application for any retirement benefits to which they may be entitled. In the event that the termination is due to the death of the participant, this form represents an application for the death benefit, if any, to be paid to the participant's beneficiary(ies).

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. "Div. #:" - Enter the division number which has been assigned to 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. "Address:" - Enter the participant's complete mailing address including the zip code.
6. "Date of Birth:" - Enter the participant's date of birth. For example, November 12, 1942, would be entered as 11-12-42.
7. "Age:" - Enter the participant's age.
8. "Date Employed:" - Enter the date that the employee was last hired. In the event an employee was previously hired, terminated service and rehired, the latest rehire date should be entered. (A letter explaining the situation should be attached to this form.) For example, November 15, 1986 should be entered as 11-15-86.
9. "Entry Date Into Plan:" - Enter the date the employee became a participant in the Plan. This date can be obtained from the participant's Application Form (Form #4).
10. "Date Terminated:" - Enter the exact date on which the participant terminated service. For example, April 16, 1993 would be entered as 4-16-93. In the event that any explanation of this termination is necessary, it should be attached to the form.

11. "Hours Worked In Plan Year During Which Termination Occurred:" - Check the line which describes the number of hours worked during the plan year in which the participant terminated service. The plan year begins on July 1 and ends on June 30. As an example, assume that a participant terminated their service on April 30, 1993. The number of hours to be entered on this line would be the number of hours that the participant worked during the plan year July 1, 1992 to June 30, 1993.
12. "Reason Terminated:" - Check the appropriate line. If the termination was for any reason other than those listed, check the "Other" line and specify the nature of the termination on the line provided. (Attach any necessary explanation.)
13. "Vested Percentage Due:" - Enter the participant's vested percentage due. The vested percentage due is the portion of the participant's account to which the participant is entitled, based on the nature of the termination and the participant's length of service. It is determined as follows:
 - A. If the termination is due to the death, disability or retirement of the participant at normal retirement age, the vested percentage due is 100%. (Generally, the normal retirement age is 62 years of age.)
 - B. If the termination is due to the fact that the Adopting Entity has ceased operations, the vested percentage due is 100%.
 - C. If the termination is for any other reason (prior to the age of 62), the vested percentage will be based on the participant's number of full years of service in accordance with the following vesting schedule:

<u>Number of Full Years of Credited Service</u>	<u>Vested Percentage Due</u>
Fewer than 3 full years	0%
3 full years	20%
4 full years	40%
5 full years	60%
6 full years	80%
7 or more full years	100%

The participant receives a full year of credited service for vesting purposes for all plan years (July 1 through June 30) during which the participant has completed not less than five hundred (500) hours of service. This includes the years prior to the adoption of the Plan and years of service with another parish or school of the Diocese.

Determine the vested percentage due in accordance with guidelines A, B and C above and enter the percentage due on this line.

14. "Payments to Begin: _____ after OR _____ before current year's allocation:" There are two options with regard to the commencement of payments. If the participant checks "_____ After", the Trustee will complete the current year's allocation of earnings before commencing payments and the payment(s) will be based on the account balance including the current year earnings. In the case of a lump sum distribution, the payment will be a single payment of the vested amount due.

If the participant checks "_____ Before", the payments will be based on an amount which does not include the allocation of current year earnings. In the case of a lump sum distribution, a partial payment will be made and then, a final payment will be made after the allocation of current year earnings is completed.

15. The form must be signed and dated by the participant and the Adopting Entity Plan Representative on the lines provided.
16. The original, signed Form #8 should be sent to the Catholic Diocese of Jackson, Department of Administration and Finance, P. O. Box 2248, Jackson, MS 39225-2248.
17. A copy of the form should be given to the participant and a copy should be filed in the participant's personnel file.

CATHOLIC DIOCESE OF JACKSON
MONEY PURCHASE PENSION PLAN
ELECTION OF BENEFITS (FORM #9)

INSTRUCTIONS FOR PREPARATION

GENERAL: This form is used by a participant at the time of their termination of service to elect the method by which their retirement benefits will be paid.

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. "Marital Status:" - Check the appropriate description of the employee's marital status.
6. The participant must check one (1) of the payment methods which are listed on the form as lines 1 through 5.
7. Line 1 " One Lump Sum Payment" - The vested amount due will be paid to the participant in one single payment. If this line is checked, the participant must complete and attach Form #14, "Federal Income Tax Withholding From Non-Periodic Payments".
8. Line 2 " Life Annuity" - If this line is checked, monthly payments will be made to the participant over the remaining life of the participant. The spouse would receive no monthly payments after the participant's death. The amount of the monthly payments to the participant would be based on the participant's age at the time the payments commence, the annuity rates in effect at that time, and the participant's vested balance in her/his retirement account.

This option cannot be selected unless the vested balance in the participant's retirement account is more than \$3,500.00. If this option is checked, the participant must complete the "Notice and Election" section on page 2 of Form #9.
9. Line 3 " Joint and % Survivor Annuity". If this line

is checked, a monthly retirement benefit will be paid during the remaining life of the participant and after the participant's death a percentage of that monthly payment will continue to the participant's joint annuitant during her/his lifetime.

If this form of payment is elected, the participant must designate the percentage (50%, 66-2/3% or 100%) of the monthly payment which will continue to be paid to the participant's joint annuitant during her/his lifetime. The appropriate percentage should be entered on Line 3 in the space labelled "____%".

The participant must also designate a joint annuitant by entering the joint annuitant's full name, complete mailing address including Zip Code, relationship to the participant and Social Security number on the lines provided.

This option cannot be selected unless the vested balance in the participant's retirement account is more than \$3,500.00. If this option is checked, the participant must complete the "Notice and Election" section on page 2 of Form #9.

10. Line 4 " Installment Payments over years". If this line is checked, the participant must also 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 participant.

If this payment method is selected, the participant must designate a beneficiary(ies) who will receive any payments remaining after the participant's death. The following information is required:

"Name of Beneficiary" - List the full name(s) 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.

"Percentage of Payment" - For each beneficiary listed, enter the percentage of the remaining installment payments that beneficiary is to receive. The percentages listed must total 100%. If no percentages are listed, the beneficiaries will share equally.

This option cannot be selected unless the vested balance in the participant's account is more than \$3,500.00. If this option is selected and the participant elects a payment period of less than ten (10) years, the participant must complete and attach Form #14, "Federal Income Tax Withholding From Non-Periodic Payments". If a payment period of ten (10) years or more is elected, the participant must complete the "Notice and Election" section on page 2 of Form #9.

11. Line 5 " Other". Other payment methods can only be used with the approval of the Plan Administrator.
12. If the participant is married and any form of payment other than a Joint and Survivor Annuity with the participant's spouse as joint annuitant is elected, the participant's spouse must consent to the election and the Election to Waive Joint and Survivor Annuity with Spousal Consent (Form #11) must be attached to this Election of Benefits (Form #9).
13. "Executed this the day of , 19 ." Enter the date and month the employee signed the form. For example, "Executed this the 15th day of April 1993".
14. The form must be signed by the participant and a witness on the lines provided.
15. "Notice and Election:" - In this part of the form, the participant makes an election with regard to federal income tax withholdings from retirement distributions which are in the form of a life annuity, a joint and survivor annuity or installment payments over a period of ten (10) years or more. After reading the notice on this form, the participant must check the applicable line(s) on the form. If the participant checks the line for "Additional" amounts to be withheld, the amount entered at the end of that line will be withheld in addition to the amount which would ordinarily be withheld based on the tax tables.
16. "Participant's Printed Name:" - Type or print the participant's full name (first name, middle initial, last name).
17. The Notice and Election must be signed and dated by the participant on the lines provided.
18. If the payment method selected was one Lump Sum Payment or Installment Payments over a period of less than ten (10) years, the Notice and Election section should not be completed and Form #14, "Federal Income Tax Withholding From Non-Periodic Payments" must be completed and attached.

Instructions for Form #9
Page 4

19. Submit the original, signed Form #9 with the rest of the termination package to the Catholic Diocese of Jackson, Department of Administration and Finance, P. O. Box 2248, Jackson, MS 39225-2248.
20. A copy of the form should be given to the participant and a copy should be filed in the participant's personnel file.

CATHOLIC DIOCESE OF JACKSON
MONEY PURCHASE PENSION PLAN
NOTICE OF JOINT AND SURVIVOR ANNUITY (FORM #10)

INSTRUCTIONS FOR PREPARATION

GENERAL: This form describes the Joint and Survivor form of benefit payment and compares it to other forms of payment. The form must be given to all retiring or terminating participants.

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. "Div. #:" - 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.
6. A copy of the form must be given to the participant and a copy should be kept in the participant's personnel file.
7. Submit the signed original of the form with the rest of the termination package to the Catholic Diocese of Jackson, Department of Administration and Finance, P. O. Box 2248, Jackson, MS 39225-2248.

(Instructions for Form #10 - Revised 4-21-93)

CATHOLIC DIOCESE OF JACKSON
MONEY PURCHASE PENSION PLAN
ELECTION TO WAIVE JOINT AND SURVIVOR ANNUITY (FORM #11)

INSTRUCTIONS FOR PREPARATION

GENERAL: This form is used by a retiring or terminating participant to waive the joint and survivor annuity form of benefit payment and provides the spouse's consent to such waiver. This form must accompany the Election of Benefits Form (Form #9) if the participant is married and the method of payment elected is not a joint and survivor annuity and/or the joint annuitant or beneficiary (under the installment payment method) is not the participant's spouse.

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. The participant elects to waive the Joint and Survivor Annuity form of payment by checking the waiver statement.
6. The participant must attest to the fact that either the spouse's consent to the waiver 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 participant's waiver by signing and dating the spouse's consent to waiver on the lines provided at the bottom of the consent statement 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.
9. The original, signed Form #11 should be submitted with the rest of the termination package to the Catholic Diocese of Jackson, Department of Administration and Finance, P. O. Box 2248, Jackson, MS 39225-2248.

Instructions for Form #11
Page 2

10. 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.

(Instructions for Form #11 - Revised 4-21-93)

CATHOLIC DIOCESE OF JACKSON
MONEY PURCHASE PENSION PLAN
SPECIAL TAX NOTICE
REGARDING PLAN PAYMENTS (FORM #12)

INSTRUCTIONS FOR PREPARATION

GENERAL: This form gives the retiring or terminating participant a summary of the tax consequences of a distribution from the Plan and the tax elections available to the participant. It must be given to all participants who are retiring or terminating their service with the adopting entity.

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. "I acknowledge receipt of this notice on _____" – enter the date on
6. "Participant's Signature" – The form must be signed by the participant on this line. which the participant received the form. This date is important since the form must be given to the participant at least thirty (30) days (but not more than 90 days) before receiving the distribution.
7. Give a copy of the form to the participant and put a copy of the form in the participant's personnel file.
8. The original of this form should be submitted with the rest of the termination package to the Catholic Diocese of Jackson, Department of Administration and Finance, P. O. Box 2248, Jackson, MS 39225-2248.

(Instructions for Form #12 – Revised 1-7-04)

CATHOLIC DIOCESE OF JACKSON
MONEY PURCHASE PENSION PLAN
FEDERAL INCOME TAX WITHHOLDING FROM
NON-PERIODIC PAYMENTS (FORM #14)

INSTRUCTIONS FOR PREPARATION

General: This form must be completed when the participant has elected (on Form #9, "Election of Benefits") one of the following "Non-Periodic" payment methods for the distribution of their vested retirement benefits: One Lump Sum or Installment Payments with a payment period of less than ten (10) years. This form cannot be used if the participant elected one of the following "Periodic" payment methods: Life Annuity, Joint and Survivor Annuity or Installment Payments with a payment period of ten (10) years or more. The form gives the participant an opportunity to elect whether their non-periodic payment is to be paid directly to them or is to be rolled over to an Individual Retirement Arrangement (IRA) or new employer's qualified 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. "Div. #:" - Enter the division number which has been assigned to the adopting entity. For example, the division number for St. Joseph Catholic Church, Greenville is 22.
3. "Participant Information and Election:" - The participant should read Form #12, "Notice to Recipients of Distributions Regarding Plan Payments" before completing the remainder of the form.
4. "Your Name:" - Enter the participant's full name (Last Name, First Name, Middle Initial).
5. "Soc. Sec. #:" - Enter the participant's social security number.
6. "Address (Number and Street):" - Enter the number and street portion of the participant's mailing address.
7. "City, State, Zip Code:" - Enter the remainder of the participant's mailing address.
8. The participant must check One (1) of the options listed.
9. If Option 1, "Distribution To Participant", is selected and the participant wants more than 20% of Federal Income Tax withheld, the additional amount to be withheld must be entered in the space provided.
10. If either Option 2, "Direct Rollover", or Option 3, "Distribution To

Participant and Direct Rollover" is selected, the participant must indicate, by checking the appropriate statement, whether the amount to be rolled over is to go to "() an eligible IRA" or to "() my new employer's qualified plan".

11. If Option 3, "Distribution To Participant and Direct Rollover", is selected, the participant must enter, in the space provided, the dollar amount of the portion of the distribution to be paid directly to the participant.
12. "Waiver of 30-Day Time Period (if applicable)" - If the distribution to be made is \$3,500.00 or less, the participant may decide whether or not they want to waive the 30-day time period for receipt of Form #12, "Notice to Recipients of Distributions Regarding Plan Payments". If no answer is checked, it will be assumed that they do not want to waive the 30-day time period.
13. "Direct Rollover Information" - If either Option 2 or Option 3 is selected, the participant must complete the "Direct Rollover Information" section.
14. "Name of Trustee (For IRA Rollover):" - Use this line only if the rollover is to be made to an IRA. Enter the name of the financial institution or other company which is the trustee for the participant's IRA.
15. "Name of New Plan (For Qualified Plan Rollover):" - Use this line only if the rollover is to be made to a qualified retirement plan (which accepts rollover contributions) maintained by the participant's new employer. Enter the name of the new employer's plan.
16. "Address (Number and Street):" - Enter the number and street portion of the mailing address for the IRA trustee OR new employer's plan whichever is applicable.
17. "City, State, Zip Code:" - Enter the remainder of the mailing address for the IRA trustee or new employer's plan.
18. "Account Number:" - Enter the employee's IRA account number OR the employee's account number in the new employer's plan.
19. "Participant's Approval" - No matter which option is selected, the participant must sign and date the form in the presence of a witness who must also sign and date the form.
20. A copy of the form should be given to the participant and a copy should be