

APPLICATION FOR RETIREMENT BENEFIT

Diocese of Pittsburgh Lay Employees Pension Plan

To Be Completed By Participant

As a Participant in the Diocese of Pittsburgh Lay Employees Pension Plan, I hereby apply for my benefit.

Payments are to begin the first day of: _____ / _____ (Month/Year)

Full Name (Print): _____
First Middle Last

Social Security Number: _____ Date of Birth: _____

Home Address: _____
Number and Street City/State Zip Code

Home Telephone Number: _____
Area Code Number

Diocese of Pittsburgh Work Location: _____
(Parish/School/Etc.)

Spouse Information

Marital Status (check one): Married Single Widowed Divorced

Spouse Information (complete if married):

Full Name (Print): _____ Date of Birth: _____
First Middle Last

Spouse's Social Security Number: _____ Date of Marriage: _____

Beneficiary Designation

I select the following person to receive any payments that may be due following my death (check one):

My Spouse Someone other than my spouse

Beneficiary Information (complete if beneficiary is not your spouse):

Full Name (Print): _____ Relationship: _____
First Middle Last

Date of Birth: _____ Social Security No. _____

Address: _____
Number and Street City/State Zip Code

Retiree's Signature: _____ Date: _____

Please return this form to: Diocese of Pittsburgh
Pension Benefits Office
111 Boulevard of the Allies
Pittsburgh, PA 15222