

**RETIREMENT PLAN FOR LAY EMPLOYEES OF THE DIOCESE
OF THE BISHOP OF THE ROMAN CATHOLIC DIOCESE OF
RALEIGH, NORTH CAROLINA**

REQUEST FOR DETERMINATION OF BENEFITS

PERSONAL INFORMATION:

Name: _____ SS#: ____ - ____ - ____ DOB: ____/____/____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone #: (____) _____ - _____

Date Benefit to Commence: ____/____/____ (must be at least 90 days prior to request)

Signature: _____ Date: _____

BENEFICIARY FOR CONTINGENT ANNUITANT OPTIONS: (Optional)

Your monthly benefit is based on a Single Life Annuity, paid to you until the time of your death. If you wish to see options for a contingent annuitant (joint survivor) benefit, please list the name and date of birth of the person who would be your beneficiary. This information will provide calculations for survivor benefits so that you may review all options.

Beneficiary Name: _____ DOB: ____/____/____

Please mail, fax, or scan completed form to:

Nancy von Gunten, Benefits Administrator
Diocese of Raleigh
7200 Stonehenge Drive
Raleigh, NC 27613-1620
Fax: 1-866-955-8451
Email: nancy.vongunten@raldioc.org