

**DIOCESE OF STOCKTON
LAY PENSION PLAN**

212 N San Joaquin St.
Stockton, CA 95202
(209) 466-0636
Human Resources Office

BENEFICIARY DESIGNATION FORM

Your Name: _____

Social Security Number: _____

Address: _____

City/State/Zip: _____

Home Phone: _____ Work Phone: _____

Email Address: _____

Place of Work _____

I hereby designate the following person(s) or organization(s) to receive my pension funds in the percentage indicated should I die before I receive any/all of my accumulated pension funds in the Diocese of Stockton's Lay Pension Plan: *

(If married, spouse must be listed as primary beneficiary at 100%)

Beneficiary	Relationship	Percent of Total:
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____

*Please note when designating minors as beneficiaries, it is important to understand that benefits may not be released to a minor child. They may, however, be paid to the appointed guardian of the child.

Signature: _____

Date: _____