

LOYOLA UNIVERSITY EMPLOYEES' RETIREMENT PLAN (LUERP)

LUERP Beneficiary Designation Form

Name: _____

Phone # / Ext. _____

SS#: _____ XXX - XX - ____ - ____ - ____ - ____

Birthdate: _____

Use this form to designate your beneficiary(ies) for the Loyola University Employees' Retirement Plan (LUERP). Once you make your beneficiary designations, you must sign and date this form on the reverse side. If you need more space, please make a copy and attach it to this form.

You may change your beneficiary at any time by completing a new LUERP Beneficiary Designation Form. However, if you are married and wish to choose someone other than your spouse as your Primary Beneficiary, then your spouse must complete the Spousal Waiver- Consent section & have it notarized before returning the form to our office.

Indicate here if you are: **Married** _____ **Single** _____ **Other** _____

| Primary Beneficiary Name and Address | Birthdate mm/dd/yyyy | Relationship | Benefit Percent |
|---|-------------------------|--------------|---------------------|
| 1 _____ _____ | _____ | _____ | _____ |
| 2 _____ _____ | _____ | _____ | _____ |
| 3 _____ _____ | _____ | _____ | _____ |
| | | | Total = 100% |

| Contingent Beneficiary Name and Address | Birthdate mm/dd/yyyy | Relationship | Benefit Percent |
|--|-------------------------|--------------|---------------------|
| 1 _____ _____ | _____ | _____ | _____ |
| 2 _____ _____ | _____ | _____ | _____ |
| 3 _____ _____ | _____ | _____ | _____ |
| | | | Total = 100% |

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Participant Signature

By signing below, you agree to these beneficiary designations for your Loyola University Employees' Retirement Plan. You acknowledge that you have read this form and that you have been provided a written explanation of: Your right to designate a beneficiary other than your spouse; the right of your spouse to consent to such designation; and your right to redesignate your spouse as beneficiary.

By signing this form, you hereby revoke any previous designation of a primary beneficiary(ies) and a contingent beneficiary(ies) (if any) and designate the person(s) listed on this form as beneficiary (ies) for the Loyola University Employees' Retirement Plan.

Signature of Participant

Date

***** **Only complete if spouse is waiving rights** *****

Spousal Waiver- Consent of Spouse

By signing below, you certify that you are the spouse of the above named participant, and that you hereby voluntarily consent to the beneficiary designations on this form. You acknowledge that you have read this form and you acknowledge that you understand that: your spouse's beneficiary designation(s) is not valid unless you consent to it; and your consent is given knowingly and voluntarily and not as a result of coercion, undue influence, or duress. You also understand that you, or your spouse, cannot change this election after you sign this form unless: 1) You and your spouse complete a new valid Beneficiary Designation Form, or 2) Your spouse completes a new valid Beneficiary Designation Form designating you as the sole primary beneficiary.

Signature of Spouse

Date

Notary Public

SEAL

State of

County of

On this _____ day of _____ in the year of _____

personally appeared _____ and he/she swore that he/she signed

Spouse's Name

the above Consent knowingly and willingly.

Notary Public Signature

My Commission Expires (Date)