

LOYOLA UNIVERSITY EMPLOYEES' RETIREMENT PLAN (LUERP)

LUERP Beneficiary Designation Form

INSTRUCTIONS

SECTION A- Participant Information

Print your Full Name, SSN (last 4 digits), and your Birthdate. Provide us with an Email Address and/or Ext./Phone where you can be reached. Place an "X" to indicate your Marital Status.

SECTION B- Primary Beneficiary (ies)

Provide each primary beneficiary (ies) Full Name, Address, Date of Birth and Relationship. Indicate what percentage of your benefit each beneficiary will receive. If you are married, your primary beneficiary is automatically your spouse unless your spouse waives this option by completing Section D of the form. If your spouse waives their option, or if you are not married, the primary beneficiary is the person or persons who will receive any death benefit payable from LUERP, if you die before your pension payments begin. The total Benefit percentage should always equal 100%. For example, if you list 2 children as equal primary beneficiaries, each child would have a benefit percentage of 50% (2 children x 50% =100%). If you need additional space, please use page 3 of this form.

SECTION C- Contingent Beneficiary (ies)

Provide each contingent beneficiary (ies) Full Name, Address, Date of Birth and Relationship. Indicate what percentage of your benefit each beneficiary will receive. Your contingent beneficiary is the person or persons who will receive any death benefit payable from LUERP if your primary beneficiary (ies) predeceases you. The total Benefit percentage should always equal 100%. For example, if you list 4 children as equal contingent beneficiaries, each child would have a benefit percentage of 25% (4 children x 25% =100%). If you need additional space, please use page 3 of this form.

SECTION D- Spousal Waiver Consent

(IF YOUR SPOUSE IS YOUR PRIMARY BENEFICIARY, YOU DO NOT NEED TO COMPLETE THIS SECTION)

Your spouse must sign and date this section in the presence of a Notary Public if you are choosing someone other than your spouse as your Primary Beneficiary. The Notary Public must also sign, date, and Seal this section in order for it to be a legal, binding document.

SECTION E- Participant Signature

You **MUST** sign and date page 2 of this form.

RETURN THE FORM- Mail: Loyola University Chicago, 820 N. Michigan Ave, Suite 820, Chicago, IL 60611

Email: luerp@luc.edu

Fax: 312-915-7612

For questions, contact the LUERP office at 312-915-7209 or send an email to luerp@luc.edu.

LOYOLA UNIVERSITY EMPLOYEES' RETIREMENT PLAN (LUERP)

LUERP Beneficiary Designation Form

Section A

Name: _____ SSN: XXX - XX - _____ Birthdate: _____

Email Address: _____ Phone/Ext. _____

Marital Status: _____ married _____ single _____ divorced _____ widowed

Your LUERP beneficiary is the person or persons that you elect to receive any death benefit payable from the Loyola University Employees' Retirement Plan (LUERP), if you die before your pension payments begin. According to pension regulations and LUERP, if you are married your primary beneficiary is automatically your spouse, unless your spouse waives this option in writing. Your contingent beneficiary is the person or persons who will receive any death benefit payable from LUERP if your primary beneficiary predeceases you. If you are unmarried and do not designate a beneficiary, LUERP lump sum death benefits will be payable to your estate. If your spouse is NOT your primary beneficiary, he/she must complete Section D of this form.

I hereby name the following person(s) to receive any death benefit entitlements from LUERP at my death:

Section B

PRIMARY BENEFICIARY (ies)

Name: _____

Address: _____

City/State/Zip: _____

Date of Birth: _____

Relationship: _____

Benefit Percentage: _____

Name: _____

Address: _____

City/State/Zip: _____

Date of Birth: _____

Relationship: _____

Benefit Percentage: _____ **Total=100%**

Section C

CONTINGENT BENEFICIARY (ies)

Name: _____

Address: _____

City/State/Zip: _____

Date of Birth: _____

Relationship: _____

Benefit Percentage: _____

Name: _____

Address: _____

City/State/Zip: _____

Date of Birth: _____

Relationship: _____

Benefit Percentage: _____ **Total=100%**

Email: luerp@luc.edu

Fax: 312-915-7612

U.S. Mail: Loyola University Chicago, 820 N. Michigan Ave, Suite 820, Chicago, IL 60611

LOYOLA UNIVERSITY EMPLOYEES' RETIREMENT PLAN (LUERP)

LUERP Beneficiary Designation 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 below and have this form notarized before returning to our office.

Section D

Spousal Waiver- Consent (Spouse must complete ONLY if they are waiving their rights to Benefits)

By signing below, you certify that you are the spouse of the 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

State of

County of

SEAL

On this ____ day of _____ in the year of _____ personally appeared _____
Spouse's Name

and he/she swore that he/she signed the above consent knowingly and willingly.

Notary Public Signature

My Commission Expires (Date)

Section E

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 re-designate 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.

Participant Signature: _____ Date: _____

Email: luerp@luc.edu

Fax: 312-915-7612

U.S. Mail: Loyola University Chicago, 820 N. Michigan Ave, Suite 820, Chicago, IL 60611

LOYOLA UNIVERSITY EMPLOYEES' RETIREMENT PLAN (LUERP)

(Additional) PRIMARY BENEFICIARY (ies)

Name: _____
Address: _____
City/State/Zip: _____
Date of Birth: _____
Relationship: _____
Benefit Percentage: _____

Name: _____
Address: _____
City/State/Zip: _____
Date of Birth: _____
Relationship: _____
Benefit Percentage: _____

Name: _____
Address: _____
City/State/Zip: _____
Date of Birth: _____
Relationship: _____
Benefit Percentage: _____

Name: _____
Address: _____
City/State/Zip: _____
Date of Birth: _____
Relationship: _____
Benefit Percentage: _____

Total=100%

(Additional) CONTINGENT BENEFICIARY (ies)

Name: _____
Address: _____
City/State/Zip: _____
Date of Birth: _____
Relationship: _____
Benefit Percentage: _____

Name: _____
Address: _____
City/State/Zip: _____
Date of Birth: _____
Relationship: _____
Benefit Percentage: _____

Name: _____
Address: _____
City/State/Zip: _____
Date of Birth: _____
Relationship: _____
Benefit Percentage: _____

Name: _____
Address: _____
City/State/Zip: _____
Date of Birth: _____
Relationship: _____
Benefit Percentage: _____

Total=100%

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