

LOYOLA UNIVERSITY EMPLOYEES' RETIREMENT PLAN (LUERP)

LUERP Beneficiary Designation Form

PARTICIPANT INFORMATION

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

Personal Email Address: _____ Phone: _____

Marital Status: _____ married _____ single _____ divorced _____ widowed

This form must be completed to name the person who will receive any death benefit payable from the Loyola University Employees' Retirement Plan (LUERP), if you die before retirement. This person is your beneficiary.

According to regulations and as provided by LUERP, if you are married, your primary beneficiary is 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 currently single but later marry, your spouse automatically replaces your previously elected primary beneficiary. If you are single and do not designate a beneficiary, LUERP lump sum death benefits will be payable to your estate.

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

PRIMARY BENEFICIARY (ies)

If you are married and wish to choose someone other than your spouse as your Primary Beneficiary YOU MUST PRINT THIS FORM and your spouse must complete the Spousal Waiver- Consent and have this form notarized before returning the form to the LUERP office.

NAME:		NAME:	
SSN:		SSN:	
ADDRESS:		ADDRESS:	
City/State/Zip		City/State/Zip	
Date of Birth		Date of Birth	
Relationship		Relationship	
Benefit Percentage	_____ %	Benefit Percentage	_____ %

THE TOTALITY OF THE PRIMARY BENEFICIARY(ies) BENEFIT PERCENTAGE MUST EQUAL 100%

CONTINGENT BENEFICIARY (ies)

NAME:		NAME:	
SSN:		SSN:	
ADDRESS:		ADDRESS:	
City/State/Zip		City/State/Zip	
Date of Birth		Date of Birth	
Relationship		Relationship	
Benefit Percentage	_____ %	Benefit Percentage	_____ %

THE TOTALITY OF THE CONTINGENT BENEFICIARY (ies) BENEFIT PERCENTAGE MUST EQUAL 100%

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ADDITIONAL PRIMARY BENEFICIARY (ies)			
NAME:		NAME:	
SSN:		SSN:	
ADDRESS:		ADDRESS:	
City/State/Zip		City/State/Zip	
Date of Birth		Date of Birth	
Relationship		Relationship	
Benefit Percentage	_____ %	Benefit Percentage	_____ %
NAME:		NAME:	
SSN:		SSN:	
ADDRESS:		ADDRESS:	
City/State/Zip		City/State/Zip	
Date of Birth		Date of Birth	
Relationship		Relationship	
Benefit Percentage	_____ %	Benefit Percentage	_____ %

ADDITIONAL CONTINGENT BENEFICIARY (ies)			
NAME:		NAME:	
SSN:		SSN:	
ADDRESS:		ADDRESS:	
City/State/Zip		City/State/Zip	
Date of Birth		Date of Birth	
Relationship		Relationship	
Benefit Percentage	_____ %	Benefit Percentage	_____ %
NAME:		NAME:	
SSN:		SSN:	
ADDRESS:		ADDRESS:	
City/State/Zip		City/State/Zip	
Date of Birth		Date of Birth	
Relationship		Relationship	
Benefit Percentage	_____ %	Benefit Percentage	_____ %

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SPOUSAL WAIVER- CONSENT

By signing below, you certify that you are the spouse of the named participant, and that you hereby voluntarily consent to waive your right to a survivor Benefit from the LUERP plan. You acknowledge that you have read this form and you understand that:

1. Your spouse's beneficiary designation(s) is not valid unless you consent to it;
2. Your consent is given knowingly and voluntarily and not as a result of coercion, undue influence, or duress.
3. You, or your spouse, **cannot** change this election after you sign this form unless: A) You and your spouse complete a new valid Beneficiary Designation Form, or B) 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)

Participant Signature

By signing and returning this form to the Plan Administrator, you effectively revoke any earlier beneficiary designated you made with respect to the LUERP benefit

Participant Signature: _____

Date: _____

Questions? Please contact the LUERP Office: luerp@luc.edu or 312-915-7209.