



# Roman Catholic Archdiocese of Boston 401(k) Retirement Savings Plan BENEFICIARY DESIGNATION FORM

## PERSONAL INFORMATION (please print clearly using black or blue ink)

**NAME:** \_\_\_\_\_ **SOCIAL SECURITY NUMBER:** \_\_\_\_\_  
**ADDRESS:** \_\_\_\_\_ **APT:** \_\_\_\_\_  
**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP CODE:** \_\_\_\_\_  
**DAY PHONE:** \_\_\_\_\_ **EVENING PHONE:** \_\_\_\_\_  
**EMAIL:** \_\_\_\_\_ **DATE OF BIRTH:** \_\_\_\_/\_\_\_\_/\_\_\_\_  
**PLAN NUMBER/LOCATION/PARISH:** \_\_\_\_\_

## INSTRUCTIONS

1. If you are single, or if married and naming your spouse as your sole primary beneficiary, you must make or change your beneficiary designations by going online at [rcab.voya.com](http://rcab.voya.com) or speaking with a Customer Service Associate at 1-855-817-1664 (TTY/TTD users call 1-800-579-5708).
2. If you designate a trust as a beneficiary, please include the trust name and trust date.
3. If you list more than one beneficiary, the total of all Primary and/or Contingent Beneficiaries must be in whole increments and equal 100%. If you need to add additional names, please use a separate piece of paper clearly labeling Primary or Contingent Beneficiaries.
4. If your Primary Beneficiary(ies) die(s) before you, then Plan benefits will be distributed to Contingent Beneficiary(ies).

## PRIMARY BENEFICIARY(IES)

Full Name and Address	Social Security Number	Date of Birth	Relationship to You	Percent of Benefit* <small>(Whole % only, must total 100%)</small>
1 _____ _____ _____	_____	____/____/____ <small>M M D D Y Y Y Y</small>		___ __ .00%
2 _____ _____ _____	_____	____/____/____ <small>M M D D Y Y Y Y</small>		___ __ .00%
3 _____ _____ _____	_____	____/____/____ <small>M M D D Y Y Y Y</small>		___ __ .00%
4 _____ _____ _____	_____	____/____/____ <small>M M D D Y Y Y Y</small>		___ __ .00%
*A Percent of Benefit must be provided for each Primary Beneficiary, even if only a single beneficiary is listed. The percent assigned to each Primary Beneficiary must be in whole increments and must total to 100%. Both of these requirements must be met in order for this form to be accepted and processed.				100%

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<b>CONTINGENT BENEFICIARY(IES)</b>				
<b>Full Name and Address</b>	<b>Social Security Number</b>	<b>Date of Birth</b>	<b>Relationship to You</b>	<b>Percent of Benefit* (Whole % only, must total 100%)</b>
1 _____ _____ _____	_____	___/___/___ M M D D Y Y Y Y		___ __ .00%
2 _____ _____ _____	_____	___/___/___ M M D D Y Y Y Y		___ __ .00%
3 _____ _____ _____	_____	___/___/___ M M D D Y Y Y Y		___ __ .00%
4 _____ _____ _____	_____	___/___/___ M M D D Y Y Y Y		___ __ .00%
<b>*A Percent of Benefit must be provided for each Contingent Beneficiary, even if only a single beneficiary is listed. The percent assigned to each Contingent Beneficiary must be in whole increments and must total to 100%. Both of these requirements must be met in order for this form to be accepted and processed.</b>				<b>100%</b>

<b>AUTHORIZATION</b>
<p>I understand that I may revoke or change this designation at any time by filing a new designation of beneficiary in writing with the Roman Catholic Archdiocese of Boston and that by doing so, I revoke all prior designations.</p> <p>I understand that if none of the above-named beneficiary(ies) survive me, all benefits under the Plan will be distributed according to the provisions stated in the official plan document.</p> <p><i>I hereby certify that the information I furnished herein is true, accurate and complete.</i></p> <p><b>PARTICIPANT SIGNATURE</b> _____ <b>DATE</b> _____</p>

**CHECKLIST**

**PLEASE REVIEW YOUR APPLICATION CAREFULLY.**

- Read the required instructions.
- Provided complete personal information including name, Social Security number, Plan number.
- Provided your Primary Beneficiary(ies). Make sure you have completed all the sections and that your percentages of benefit total 100%.
- Completed the Contingent Beneficiaries section (only if you want to have contingent beneficiaries). The total percent equals 100% of benefit.
- Listed the name, address, Social Security number, birth date and relationship of all Beneficiaries.
- Signed and dated your Beneficiary Designation (Authorized Signature).
- Made a copy for your records and send the original to the Roman Catholic Archdiocese of Boston.

**You will receive a confirmation statement on your beneficiary elections. If you have any questions or need to obtain additional plan or account information, please go online at [rcab.voya.com](http://rcab.voya.com) or call the Roman Catholic Archdiocese of Boston 401(k) Plan Retirement Service Center at 1-855-817-1664 (TTY/TTD users call 1-800-579-5708). Customer Service Associates are available Monday through Friday, 8:00 A.M. to 8:00 P.M. Eastern Time (excluding stock market holidays).**

**If your application is complete, please mail or fax the application and any additional documents to:**

**VIA FAX**

Voya Financial  
Attn: Roman Catholic Archdiocese of Boston  
1-844-676-1380

**VIA MAIL**

Voya Financial  
Attn: Roman Catholic Archdiocese of Boston  
P.O. Box 389  
Hartford, CT 06141

**VIA OVERNIGHT DELIVERY**

Voya Financial  
Attn: Roman Catholic Archdiocese of Boston  
One Orange Way  
Windsor, CT 06095