

**RETIREMENT PLAN FOR LAY EMPLOYEES OF THE DIOCESE
OF THE BISHOP OF THE ROMAN CATHOLIC DIOCESE OF
RALEIGH, NORTH CAROLINA**

REQUEST FOR DETERMINATION OF BENEFITS

PERSONAL INFORMATION:

Name: _____ SS#: ____ - ____ - _____ DOB: ____/____/____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone #: (____) _____ - _____ Personal Email: _____

Date Benefit to Commence: ____/____/____ (must be first of month & at least 60 days lead time)

Signature: _____ Date: _____

BENEFICIARY FOR CONTINGENT ANNUITANT OPTIONS: (Optional)

Your monthly benefit is based on a Single Life Annuity, paid to you until the time of your death. If you wish to see options for a contingent annuitant (joint survivor) benefit, please list the name and date of birth of the person who would be your beneficiary. This information will provide calculations for survivor benefits so that you may review all options.

Beneficiary Name: _____ DOB: ____/____/____

Please scan the completed form to the secure email address:

Benefits.Forms@raldioc.org

For questions regarding this form, please contact:

Charisse Butler, Benefits Administrator

Diocese of Raleigh

7200 Stonehenge Drive

Raleigh, NC 27613-1620

Email: charisse.butler@raldioc.org

Phone/Fax: 984-900-3168