

THE ROMAN CATHOLIC  
**ARCHDIOCESE OF ATLANTA**



OFFICE OF HUMAN RESOURCES

## ***Lay Pension Plan*** Highlights Sheet

### **Eligibility**

In order to be eligible to participate in the Lay Pension Plan you must:

- Be at least 21 years of age
- Satisfy one year of eligibility service.
  - o Work a minimum of 1000 hours during 12-month period (prior to July 1, 2009)
  - o Work a minimum of 1500 hours during 12-month period (effective July 1, 2009)

You may enter the Plan on one of two entry dates: January 1 or July 1 after satisfying the above eligibility requirements.

*Example: Hired April 1<sup>st</sup>, 2008. Completed one year of eligibility service (1000 hours) on March 31, 2009, you enter the Plan on July 1<sup>st</sup>, 2009. Hired November 1<sup>st</sup>, 2009. Completed year of eligibility service (1500 hours) on October 31<sup>st</sup>, 2010, you enter the Plan on January 1<sup>st</sup>, 2011.*

No funds are contributed during the eligibility waiting period; however, this waiting period does count for vesting purposes.

### **Reemployment**

Upon reemployment with the Diocese after a termination, you will again become a participant in the Plan on the January 1 or July 1, immediately following your reemployment date. If you terminated employment prior to satisfying the one year of eligibility service mentioned above, you must first satisfy the eligibility requirement before you may participate in the Plan.

### **Funding**

Upon entering the Plan, the Archdiocese funds 6% of an eligible Participant's salary to their pension account. You must be employed and accrue at least 1000 hours during each Plan Year in order to be eligible for a contribution for that Plan Year. This account accrues income or loss based on the Plan's investments for the fiscal year.

This Plan is totally Employer funded and employees are not permitted to make contributions to the Plan.

### **Vesting**

You become 100% vested:

- After five (5) vesting years of service;
- Upon attainment of Age 65; or
- Upon total disability or death while employed with the Archdiocese.

If you terminate employment prior to becoming vested, your account balance may be forfeited back into the Lay Pension Fund.

### **Payment of Benefits**

Vested Benefits are eligible for distribution:

- Six (6) months after termination of employment with the Archdiocese (unless you are age 65 or older, in which case you are eligible for immediate distribution);
- Upon total disability while employed with the Archdiocese; or
- Upon death, as soon as administratively possible to your designated beneficiary.

### **Distribution of Vested Funds**

Distribution may be requested as either:

- Lump Sum (20% mandatory Federal income tax withholding will apply.)
- Direct Rollover to a qualified retirement Plan or IRA
- Accounts valued at \$1,000 or less will automatically be distributed in a lump sum unless a direct rollover is requested

### **Account Statements**

Statements are sent to all Plan participants in the fall of each year. To correct any information, please copy the statement, noting corrections, and send the copy to the address listed below.

### **Contact Information**

If you have any questions regarding the benefits provided under this Plan, please feel free to contact:

Lily Gallagher, Benefits Manager  
Human Resources Department  
(404) 920-7485 (phone) • (404) 920-7481(fax) • [lgallagher@archatl.com](mailto:lgallagher@archatl.com)



*Roman Catholic Archdiocese of Atlanta*  
*Lay Pension Plan and Trust (The 'Plan')*

**Beneficiary Designation Form**

**TO: The Trustee and Administrator of the Plan**

**Name of Participant:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **SS#:** \_\_\_\_\_

I, the above-named participant, understand that the Plan permits a participant to designate one or more death beneficiaries. I hereby revoke all my prior death beneficiary designations and I hereby designate the following person or persons as the primary or contingent beneficiary(ies) of my Plan account balance in the event of my death prior to the total distribution of my account balance:

**Primary Beneficiary(ies).** I name the following Primary Beneficiary(ies) to receive my benefits in the event of my death. If I name more than one Primary Beneficiary and a Primary Beneficiary predeceases me, that deceased Primary Beneficiary's share will go **[mark one box]**:

- Proportionately to the other named Primary Beneficiary(ies) who survive me, and if none survives me, then to my contingent beneficiaries.
- To that beneficiary's children in separate and equal shares, with the share of a deceased child to be paid to that deceased child's then living children; and if no such children or children's children survive me, to my other Primary Beneficiaries; and if none survive me, to my Contingent Beneficiaries.
- To that deceased beneficiary's estate, subject to administration.

**\*Total Percentage must equal 100%\***

<b>(1) Name:</b>	<b>Relationship to participant:</b>
<b>Address:</b>	
<b>Percentage of my account balance:</b>	%
<b>(2) Name:</b>	<b>Relationship to participant:</b>
<b>Address:</b>	
<b>Percentage of my account balance:</b>	%
<b>(3) Name:</b>	<b>Relationship to participant:</b>
<b>Address:</b>	
<b>Percentage of my account balance:</b>	%

**Special instructions:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Contingent Beneficiary(ies):** Except as provided above, in the event that none of the Primary Beneficiary(ies) survives me, the following named Contingent Beneficiary(ies) will receive my benefits. If I name more than one Contingent Beneficiary and a Contingent Beneficiary predeceases me, that Contingent Beneficiary's share will go **[mark one box]**:

- Proportionately to the other named Contingent Beneficiary(ies) who survive me.
- To that beneficiary's children in separate equal shares, with the share of a deceased child to be paid to that deceased child's then living children.
- To that deceased beneficiary's estate, subject to administration.

**\*Total Percentage must equal 100%\***

<b>(1) Name:</b>	<b>Relationship to participant:</b>
<b>Address:</b>	
<b>Percentage of my account balance:</b>	%
<b>(2) Name:</b>	<b>Relationship to participant:</b>
<b>Address:</b>	
<b>Percentage of my account balance:</b>	%
<b>(3) Name:</b>	<b>Relationship to participant:</b>
<b>Address:</b>	
<b>Percentage of my account balance:</b>	%

**Special instructions:** \_\_\_\_\_  
 \_\_\_\_\_

NOTE: As used in this form, the term "children" includes adopted children, regardless of the date of the adoption.

This Beneficiary Designation Form will remain in force until another Beneficiary Designation Form is filed with the Plan Administrator. It is important to keep your beneficiary designation current. Events such as marriage, birth, death or divorce may affect an existing beneficiary designation. Your beneficiary designation is effective on the date your completed and signed Beneficiary Designation Form is received by the Plan Administrator. The most recent duly signed and delivered Beneficiary Designation Form cancels and supersedes all previous Beneficiary Designations you have made.

 **Signature of Participant** \_\_\_\_\_ **Date** \_\_\_\_\_

**Instructions for Designating or Changing a Beneficiary**

1. If your Beneficiary is not related to you, show relationship as "Friend."
2. If you wish to name your estate, insert "Estate" in the blank space.
3. Show a member of a religious order in this manner: "Mary L. Jones, niece, known in religious life as Sister Mary Agnes."
4. If you wish to designate a trust, insert the name of the trustee and trust in the blank space using language substantially as follows: "To X Bank as Trustee, or its successor Trustee, of the Bruce E. Roberts Trust dated February 1, 2006, including any amendments to the Trust."
5. It is inadvisable to name a Beneficiary who is a permanent resident of a foreign country. If you name a person who is a permanent resident of a foreign country, furnish full address.
6. If none of the above is suitable, explain in the blank space what you desire or attach a note to the Form.
7. If you designate a minor child or children as your Beneficiary, you should consider naming (in the space marked **Special Instructions**) a legally appointed custodian for the child or children. Otherwise, the property could end up being distributed to a court-appointed guardian for the child, which you might not want. For example, the special instructions might read: *If Robert John Doe, my son, has not reached the age of 21, then such child's benefit shall be paid to \_\_\_\_\_ as custodian for him under the Uniformed Gifts to Minors Act.*