

**Beneficiary Designation Form (RP-20)**  
 (For the Pre-Retirement Death Benefit, Married and Unmarried)

Member's

Name: \_\_\_\_\_ SSN: \_\_\_\_\_ Phone: \_\_\_\_\_

\* **Applicable Plan(s)** (see below): \_\_\_\_\_

- I am unmarried. I have completed the beneficiary information and signed and dated the form.
- I am married. I have completed the beneficiary information and signed and dated the form. My spouse has completed the Spouse Section.
- I am married. I am rescinding all previous waivers.  
**I have signed and dated the box to the right -->**

I hereby rescind all previous Beneficiary Designation Forms, and re-elect to have my spouse as the beneficiary of my Qualified Pre-Retirement Survivor Annuity ("QPSA"). See question 1 on the attached Question & Answers for the definition of a QPSA.

**Member Signature:** \_\_\_\_\_  
**Date:** \_\_\_\_\_

**Beneficiary(ies):**

(%) \_\_\_\_\_ **Circle one:** Primary Contingent  
 Name: \_\_\_\_\_ SS# \_\_\_\_\_  
 Relationship: \_\_\_\_\_ DOB: \_\_\_\_\_  
 Address: \_\_\_\_\_

(%) \_\_\_\_\_ **Circle one:** Primary Contingent  
 Name: \_\_\_\_\_ SS# \_\_\_\_\_  
 Relationship: \_\_\_\_\_ DOB: \_\_\_\_\_  
 Address: \_\_\_\_\_

(%) \_\_\_\_\_ **Circle one:** Primary Contingent  
 Name: \_\_\_\_\_ SS# \_\_\_\_\_  
 Relationship: \_\_\_\_\_ DOB: \_\_\_\_\_  
 Address: \_\_\_\_\_

(%) \_\_\_\_\_ **Circle one:** Primary Contingent  
 Name: \_\_\_\_\_ SS# \_\_\_\_\_  
 Relationship: \_\_\_\_\_ DOB: \_\_\_\_\_  
 Address: \_\_\_\_\_

(%) \_\_\_\_\_ **Circle one:** Primary Contingent  
 Name: \_\_\_\_\_ SS# \_\_\_\_\_  
 Relationship: \_\_\_\_\_ DOB: \_\_\_\_\_  
 Address: \_\_\_\_\_

(%) \_\_\_\_\_ **Circle one:** Primary Contingent  
 Name: \_\_\_\_\_ SS# \_\_\_\_\_  
 Relationship: \_\_\_\_\_ DOB: \_\_\_\_\_  
 Address: \_\_\_\_\_

\* **Applicable Plans** - You may specify one or more plans that this designation applies to. If you do not do so, this designation will apply to any and all benefits you may have under all of the following pension plans sponsored by Trinity Health:

- Trinity Health Pension Plan
- Catholic Health East Employee Pension Plan
- Saint Francis Hospital and Medical Center Pension Plan (applicable only for the Frozen TSA Matching Benefit)
- Pension Plan for Employees of Saint Mary's Hospital Corporation
- Retirement Plan of Employees of the University of Detroit Mercy

Beneficiaries will share equally unless you indicate different percentages. If a beneficiary predeceases you, the surviving beneficiaries will share, in proportion to their percentage interests, that portion of your interest in the Plan that the deceased beneficiary would have received had s/he survived you. If all beneficiaries predecease you, the proceeds will be distributed to your estate.

**By signing and dating this form, I hereby revoke any prior beneficiary designation under the Applicable Plan(s) identified above. I recognize that if I am married at the time of my death and my spouse as of that date has not executed the Spousal Waiver of Qualified Pre-retirement Survivor Annuity (below), my benefit is payable to my spouse.**

Member Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**SPOUSAL WAIVER OF QUALIFIED PRE-RETIREMENT SURVIVOR ANNUITY**

I am the spouse of the Member named above. I understand I have the right to receive a Qualified Pre-retirement Survivor Annuity ("QPSA") benefit from the Applicable Plan(s) identified above if my spouse is vested and dies before s/he begins receiving benefits.

- I agree to give up my right to a QPSA benefit and to instead elect to have the benefit paid to the beneficiary(ies) my spouse named above.
- I understand that my spouse cannot elect a different beneficiary unless I agree to the change.
- I understand that I do not have to sign this Waiver. I am signing this Waiver voluntarily.
- I understand that if I do not sign this Waiver then I will receive the QPSA benefit if my spouse dies before s/he begins to receive retirement benefits. I understand that if the value of the QPSA benefit is \$5,000 or less, the Plan will automatically pay the benefit to me in one lump-sum payment, and if the value is more than \$5,000, I may elect to receive it in a lump sum.
- ***I have read the attached Q&A, entitled "Waiver of QPSA," and signed and dated below.***

Spouse Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**As witnessed by Plan Representative or Notary Public:**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

State of: \_\_\_\_\_ County of: \_\_\_\_\_ Commission Expires On: \_\_\_\_\_

Subscribed and sworn to before me: \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

[Apply Seal]



## WAIVER OF QPSA

Spouses are strongly advised to review the following Q&A section:

### **1. What is a Qualified Pre-retirement Survivor Annuity (QPSA)?**

If a Member has earned benefits under the Applicable Plan(s) identified above and dies before s/he begins to receive those benefits, you, as the Member's surviving spouse, have the right to receive a death benefit, unless the Member chooses to give the death benefit to someone else, and you agree with that choice. You have the right to receive this monthly death benefit for the rest of your life. The death benefit is 50% percent of the retirement benefit the Member earns before death plus the actuarial equivalent of his or her Cash Balance Account. The special death benefit is called a "Qualified Pre-retirement Survivor Annuity" or "QPSA" benefit. The Applicable Plan(s) will automatically pay this death benefit in a lump sum, rather than as a QPSA, if the value of the death benefit is \$5,000 or less. If the value is greater than \$5,000, you may elect to receive it as a lump sum.

#### *Example of a QPSA*

Pat Doe dies at age 45 after earning a retirement benefit. The value of Pat's death benefit is more than \$5,000. The Plan will pay a monthly benefit to Pat's spouse, Terry Doe, for the rest of Terry's life, unless Terry elects to receive the actuarial value in a Lump Sum. Terry has the right to begin receiving monthly benefits as of the first of the month following Pat's death but no later than when Pat would have been 65 years old.

### **2. What Are Your Rights if You Sign this Agreement?**

Your right to the QPSA benefit cannot be taken away unless you agree to give up that benefit. If you agree to give up the QPSA benefit, the Plan will pay the lump sum benefit to another person or persons selected by the Member. The person or persons the Member selects to receive this benefit are called "beneficiaries." For example, if you agree, the Member can have the death benefits paid to his or her children instead of you. If you give up the QPSA benefit, you may still be named a beneficiary.

#### *Example of Naming a Beneficiary Who is Not the Spouse*

Pat and Terry Doe agree that Terry will not receive the QPSA benefit. They decide instead that 2 of the death benefits under the Applicable Plan(s) will be paid to Terry and 2 of the death benefits will be paid to Pat and Terry's child, Chris. The benefit will be paid in a lump sum, half to Terry and half to Chris.

### **3. Do You Have to Give Up Your Right to the QPSA Benefit?**

Your choice must be voluntary. It is your personal decision whether you want to give up your right to the QPSA benefit.

### **4. Can Your Spouse Make Future Changes if You Sign this Waiver?**

If you sign this agreement, the Member (your Spouse) cannot change the named beneficiary(ies) unless you agree by signing a new beneficiary designation form. You do not have to agree to let the Member change the beneficiary(ies). The only time the Member may change the beneficiary(ies) without your agreement is if s/he selects you as the sole beneficiary.

### **5. Can You Change Your Mind After You Sign this Waiver?**

You cannot change this agreement after you sign it unless the Member agrees to the change. Any such change must be initiated by the Member.

### **6. What Happens to this Waiver if You Become Separated or Divorced?**

You may lose your right to the QPSA benefit if the Member and you become legally separated or divorced, even if you do not sign this agreement. However, if you become legally separated or divorced, you might be able to get a special court order (called a qualified domestic relations order or "QDRO") that specifically protects your rights to receive the QPSA benefit or that gives you other benefits under the Plan. If you are thinking about separating or getting a divorce, you should get legal advice on your rights to benefits from the Applicable Plan(s).

### **7. What Should You Know Before Signing this Waiver?**

This is a very important decision. You should think very carefully about whether you want to sign this agreement. Before signing, be sure that you understand what retirement benefits you may get and what benefits you will no longer be able to receive.

The Member should have received information on the types of retirement benefits available from the Plan. If you have not seen this information, you should get it and read it before you sign this agreement. For additional information, you can contact the Human Resource department at your spouse's employer, or if the Member is no longer employed by a Participating Institution, you may contact the Trinity Health Pension Office at the address above.