

Regional School District #13

Defined Benefit Pension Plan

PLEASE PRINT

Name: _____ Social Security # _____

As a participant in the above-named Plan, I understand that the Plan requires a contribution that I must make in order to participate in Plan. This amount is 5% of my basic annual compensation of twelve consecutive months between July 1st and June 30th. That amount shall be remitted by the Employer into the Plan on my behalf.

You **Must** either accept or decline. **Please choose one of the following:**



I authorize the Employer, Regional School District #13, to **withhold** this amount from my paycheck and shall remain in effect until I separate from service.

Employee Signature

Date



I hereby certify that I have been given as opportunity to participate in the retirement plan offered by my Employer and that I have **declined** to do so.

Employee Signature

Date

Regional School District #13

Defined Benefit Pension Plan Beneficiary Form

As an active participant in the above-referenced Plan, I hereby designate the following as beneficiary to receive any death benefits due under the Plan. I understand that my spouse must sign this form if I waive my pre-retirement spouse's annuity and /or name someone other than my spouse as my beneficiary.

** If you are married and name someone other than your spouse as the beneficiary, your signature and your spouse's signature will serve as a waiver of the qualified survivor annuity that would otherwise be due to your spouse.

PRIMARY BENEFICIARY (please print)

Name	Relationship	Social Security #
Home Address		Date of Birth

CONTINGENT BENEFICIARY

Name	Relationship	Social Security #
Home Address		Date of Birth

*If all the designated beneficiaries predecease me, I designate my Estate as beneficiary.

Please check your current marital status: Married Single

Participant Signature	Date
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Spouse's Signature	Date
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**Signature must be witnessed by a notary public or the Plan Administrator (Tippi Popp)

Witness Signature	Date
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