



## **RCAB PENSION PLAN BENEFICIARY DESIGNATION FORM**

Please complete the fields below to update Death Benefit Beneficiary with the RCAB Benefits Office for your Roman Catholic Archdiocese of Boston Pension Plan benefit. Please allow up to **15 business days** for this change to be processed. If you have any questions, please call the Benefits Office at (617) 746-5640.

**Retiree Name:** \_\_\_\_\_

**Retiree Social Security Number:** \_\_\_\_\_

**Beneficiary (Primary)**

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

**Beneficiary (Contingent)**

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

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

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

Completed forms can be returned to the RCAB Benefits Office:  
E-mail: [pension@rcab.org](mailto:pension@rcab.org) | Fax: 617-779-4567  
Mail: 66 Brooks Drive, Braintree, MA 02184