

ERP NOTICE OF CHANGE/NEW PARTICIPANT ENROLLMENT
(To Be Completed By Employer)

Return this form to: Christian Brothers Retirement Services 1205 Windham Parkway Romeoville, IL 60446-1679 Fax: 630-378-2507 E-mail: rpscustomerservice@cbservices.org	Location No. _____	
	Employer Name: _____	
	City/State: _____	Zip Code: _____

Section 1 - Employee Data

Employee Last Name: _____	First Name: _____	Middle: _____
Street Address: <input type="checkbox"/> (check if new) _____		
City/State: _____		Zip Code: _____
Soc. Sec. No.: _____	Date of Birth: _____	Sex: M <input type="checkbox"/> F <input type="checkbox"/>
Marital Status: (Check One) Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	Spouse's Name : _____ Spouse's DOB: _____ Spouse's SS#: _____	

Section 2 - New Employee Eligibility

Date of Hire: _____	Part-Time <input type="checkbox"/> (Check one)	Full-Time <input type="checkbox"/>
Probationary Period: <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes # of months: 1 <input type="checkbox"/> 3 <input type="checkbox"/> 6 <input type="checkbox"/> 9 <input type="checkbox"/> 1 yr <input type="checkbox"/> (check one)	
Date Eligible to Participate (___ hours or more): _____ / _____ / _____ (Mo) (day) (year)		

Section 3 - Change of Status After Enrollment

Enter Code No. (select from descriptions below):	Effective Date: (last date worked) _____ / _____ / (mo) (day) (year)	Last Pension Report to appear on: (MM/YY)
Code No: _____ Code Description: 1 Termination From Plan 2 _____ Address _____ Name Change (check applicable item) 3 Death 4 Retirement 5 Leave of Absence (Without Pay) 6 Return from Leave of Absence 7 Disability 8 Transfer 9 Rehire 10 Other (please specify): _____		

Employer Signature: _____ **Date Signed:** _____
Title: _____ **Phone #:** _____

FORM MUST BE SIGNED BY EMPLOYER

Christian Brothers Employee Retirement Plan Beneficiary Designation Form

Please print or type all information and return to:

Christian Brothers Employee Retirement Plan
1205 Windham Parkway, Romeoville, IL 60446-1697
Fax: 630-378-2507 * E-mail: rpscusterservice@cbservices.org

SECTION A - EMPLOYEE INFORMATION

Last Name	First Name	Middle Initial
Street Address: <input type="checkbox"/> Check if new		City/State: _____ Zip Code: _____
Soc. Sec. No.:		Employer: _____
Marital Status: <input type="checkbox"/> Married (Read and Complete Section B; complete Section D if applicable) <input type="checkbox"/> Not Married (Read and complete Section C; complete Section D if applicable. Witness must sign in your presence)		

SECTION B - MARRIED

I am married and I understand that my spouse may be entitled to a retirement benefit in the event of my death. If I want to name a contingent beneficiary I should complete Section D below.

Spouse's Name:	Spouse's Birth date:	Date of Marriage:
Spouse's Address: _____		

SECTION C - NOT MARRIED

I am not married and hereby designate the following person(s) as primary beneficiary(ies) to receive, in the event of my death, any other benefits to which I may be entitled, less any benefits which I and/or any joint pensioner duly designated by me under said Plan may have received, according to the terms and conditions provided in the Plan at the time of death.

Primary Beneficiary(ies): I designate the following as my beneficiaries (revoking any prior designation) to receive benefits payable under the Plan in the event of my death:

Name	Relationship	DOB	Soc. Sec. No.	_____ %
Mailing Address				Allocation
Name	Relationship	DOB	Soc. Sec. No.	_____ %
Mailing Address				Allocation

SECTION D - CONTINGENT BENEFICIARY DESIGNATION (IF APPLICABLE)

Contingent Beneficiary: If living, designate to the above; if not living designate to:

Name	Relationship	DOB	Soc. Sec. No.	_____ %
Mailing Address				Allocation
Name	Relationship	DOB	Soc. Sec. No.	_____ %
Mailing Address				Allocation

The above "Beneficiary(ies) Designation" is subject to my right to change it at any time by filing a new written beneficiary designation form with the Christian Brothers Employee Retirement Plan on a form furnished to me upon request.

Employee Signature: _____ **Date Signed:** _____

Signed In the Presence Of (witness): _____

WITNESS SHOULD NOT BE THE PRIMARY BENEFICIARY