

**SAVINGS BANKS EMPLOYEES RETIREMENT ASSOCIATION**

**MEMBERSHIP APPLICATION**

Name of Employee: \_\_\_\_\_ Certificate No. \_\_\_\_\_

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

Name Member Employer: \_\_\_\_\_ Employer No. \_\_\_\_\_

I hereby apply for membership in the Savings Banks Employees Retirement Association (SBERA) Pension Plan and agree to be bound by the terms and provisions of the Trust Agreement and the Plan.

**PART A**  
**General Information**

1. Date of Birth: \_\_\_\_\_ Attained Age: \_\_\_\_\_

2. Home Address: \_\_\_\_\_  
(street, city, state, zip)

3. Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

4. Sex:  Male  Female

5. Marital Status:  Married  Single

If Married, Spouse's Name: \_\_\_\_\_

Spouse's Date of Birth: \_\_\_\_\_ Spouse's Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

6. Date of Employment with Current Employer: \_\_\_\_\_

**Items 7-9 To Be Completed By Employer**

7. Is the Service Worksheet attached?  
\_\_\_\_ NO. The employee is entering the Plan upon the first anniversary of hire and completion of 1,000 hours of service.  
\_\_\_\_ YES

8. Has the Participant ever worked for another participating SBERA Employer?  
 Yes  No If "Yes" answer a, b, and c below

a. Name (s) of SBERA Employer(s): 1. \_\_\_\_\_  
2. \_\_\_\_\_

b. Exact Dates of Employment: 1. From \_\_\_\_\_ To \_\_\_\_\_  
2. From \_\_\_\_\_ To \_\_\_\_\_

c. Was he/she a SBERA Plan Participant:  Yes  No  
If "Yes", Certificate Number \_\_\_\_\_

9. Participant's Compensation as defined by your Employer, from date of hire to the September 30<sup>th</sup> immediately preceding this application. \$ \_\_\_\_\_ Dates covered by Compensation \_\_\_\_\_

**PART B**  
**VERIFICATION OF MARITAL STATUS AND BENEFICIARY DESIGNATION**

If you die before retirement and are married at the time of your death, federal law requires that 100% of your accrued benefit be paid in monthly installments to your spouse as a survivor annuity.

You have the right to make a qualified election to waive the requirement that your spouse be the beneficiary (Part D). **However, any such election must be consented to by your spouse and acknowledged before a Notary Public (Part E).**

You may revoke the election at any time, but if you thereafter desire to make a new beneficiary election, your spouse must consent to the new election.

If you are not now married, you are required to notify SBERA if you subsequently marry and provide SBERA with the name of your spouse. **Your new spouse will automatically become the beneficiary of your pension plan unless you make a qualified election to waive the requirement that your new spouse be beneficiary and such election is consented to by your spouse.**

---

**PART C**  
**VERIFICATION OF PARTICIPANT MARITAL STATUS**

I hereby certify under the pains and penalties of perjury that I am not married. If I subsequently marry, my spouse shall automatically become my beneficiary and all existing beneficiary designations will be void.

I hereby certify under the pains and penalties of perjury that I am married to:

\_\_\_\_\_  
(Name of Spouse)

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Date

---

**PART D**  
**ELECTION TO WAIVE SPOUSE AS BENEFICIARY**

I understand that I have the right to revoke the election at any time without my spouse's consent. Such revocation will automatically make my spouse my beneficiary. I hereby elect to waive the right to have my spouse be the sole beneficiary of my pre-retirement death benefit and designate the beneficiary named in Part F.

Signed at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_.

\_\_\_\_\_  
Signature of Participant

**PART E**  
**SPOUSAL CONSENT TO ELECTION**

---

**Name of Spouse** \_\_\_\_\_

I hereby consent to my spouse's election to waive the requirement that I be beneficiary and consent to have any pre-retirement death benefit paid to the beneficiary named in Part F and acknowledge that as a result thereof, I will not be the beneficiary with respect to my spouse's death benefit under the plan.

Signed at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_.

---

Signature of Spouse

---

**NOTARIZATION**

State of: \_\_\_\_\_

County of \_\_\_\_\_, ss: \_\_\_\_\_ Date: \_\_\_\_\_

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me the undersigned notary public, personally appeared \_\_\_\_\_, proved to me through satisfactory evidence of identification, which were \_\_\_\_\_ to be the person whose name is signed on this document and acknowledged to me that he/she signed it voluntarily for its stated purpose.

Seal

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
Print or type name of Notary Public

My commission expires: \_\_\_\_\_

---

**PART F**  
**BENEFICIARY DESIGNATION**

I designate the surviving beneficiary or beneficiaries in the lowest numbered class (i.e. class 1 – primary beneficiary, class 2 – contingent beneficiary) to receive the value or amounts payable from the SBERA Retirement Plan in the event of my death. This designation revokes any and all designations of beneficiaries heretofore made by me under the plan. Surviving beneficiaries in the same beneficiary class will share equally in death benefit proceeds payable to beneficiaries in that class. If no beneficiary designated below is living at my death, my surviving spouse, if any, otherwise my estate shall be the beneficiary. This change will be effective as of the date hereof. However, any payment made by SBERA before receiving this beneficiary designation shall discharge SBERA to the extent of such payment.

If I am not now married but subsequently marry, this designation shall automatically terminate and my spouse shall become my beneficiary unless I thereafter make a qualified election to waive my spouse as beneficiary and he/she consents to the waiver.

I reserve the right to change my beneficiary designation at any time, provided that if I am married at such time, my spouse must consent to the new beneficiary designation. (Note: class 1 = primary beneficiary, class 2 = contingent beneficiary, etc.)

<u>Name of Beneficiary</u>	<u>Relationship</u>	<u>Class</u>	<u>Social Security Number</u>	<u>Date of Birth</u>

Signed at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_.

\_\_\_\_\_  
Signature of Participant

The above application was signed in my presence and accurately reflects the employee’s marital status and service record with the employer.

\_\_\_\_\_  
Signature of Employer Officer/Title  
Plan Representative

\_\_\_\_\_  
Date

**SBERA Use Only**

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

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

Approved By: \_\_\_\_\_

(Officer of SBERA)