

**APPLICATION FOR PENSION BENEFITS**

In order to receive your pension benefit, **you must retire or terminate your employment with the Franciscan Sisters' facility (or former facility).**

The information below is needed to compute the benefit amounts under various payment options which may be available to you. Upon receipt of this completed application, a Retirement Benefit Option Election Form will be prepared and returned to you. You must then complete and return the Retirement Benefit Option Election Form in order to begin receiving your retirement benefits.

I. Your Name \_\_\_\_\_  
Last First Middle

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

City State Zip  
Date of Birth \_\_\_\_\_ Social Security No. \_\_\_\_\_

Telephone #: \_\_\_\_\_ Sex \_\_\_\_\_ email address: \_\_\_\_\_

Employment Date: \_\_\_\_\_ Term Date: \_\_\_\_\_ Is Termination due to death: \_\_\_\_\_

Desired Part A Start/Payment Date \_\_\_\_\_

Desired Part B Start/Payment Date \_\_\_\_\_

**Upon return of the completed Application Form, a "Retirement Benefit Option Election Form" detailing the pension benefits payable to you will be prepared and returned to you in about 4-6 weeks.**

II. On the Desired Benefit Commencement Date specified above, will you have been married for at least twelve months? Yes \_\_\_\_\_ No \_\_\_\_\_ Complete the following information on your spouse or any other person whom you want to designate as your beneficiary for any death benefits payable under the Retirement Option you may elect.

**Beneficiary/Joint Annuitant's Name:**

\_\_\_\_\_  
Last First Middle  
Mailing Address \_\_\_\_\_

Street \_\_\_\_\_

City State Zip  
Date of Birth \_\_\_\_\_ Social Security No. \_\_\_\_\_

Sex \_\_\_\_\_ Relationship to you \_\_\_\_\_ Telephone #: \_\_\_\_\_

III. Your Signature \_\_\_\_\_ Date \_\_\_\_\_

Send Completed form to:

Franciscan Sisters of Little Falls  
Pension Office  
116 8 Avenue SE  
Little Falls, MN 56345

Phone: (320) 632-0621 Fax: (320) 632-1714 Email: AmyS@fslf.org

