

**Roman Catholic Church of the Diocese of Baton Rouge
Request for Retirement Benefits Distribution**

Church/School Name: _____ City: _____

Employee Name: _____ Social Security No.: _____

Employee Address: _____

Daytime Telephone No.: _____

Date of Hire: _____ Employee Date of Birth: _____

Date of Termination: _____ Spouse Date of Birth: _____

I have reviewed the information above and I attest that it is true and correct.

Signature of Employee: _____ Date: _____

This completed form can be mailed to the following postal address:

Diocese of Baton Rouge
Finance Office
P. O. Box 2028
Baton Rouge, LA 70821-2028

Or it may be faxed to 225-336-8789.

Notes:

** Your distribution cannot be processed until the employer (church/school) remits your final wage information and retirement withholding to the diocesan Finance Office.

** If you are vested (5 or more years of service), you will be receiving additional paperwork that will require your signature. It could take approximately three months before you receive your distribution.