

Death Benefit Beneficiary Designation Card

Name of Employee (Last) (First) Middle Initial		
Social Security Number 	Male <input type="checkbox"/> Female <input type="checkbox"/>	Date of Birth Mo. Day Yr. 19
Name of College:		
Date employed:		Job title
Primary Beneficiary Name	Telephone number relation to me	
Primary Beneficiary Address,		
Contingent Beneficiary Name	Telephone number relation to me	
Contingent Beneficiary Address,		
Date Signed Mo. Day Yr. 	Signature of Employee	

Order of Payment and Division of Benefits. Unless otherwise provided:

- (a) Payment at my death is to be made to a primary beneficiary if he/she is then living.
- (b) Payment at my death is to be made to a contingent beneficiary if he/she is then living and there is no primary beneficiary then living.
- (c) If all beneficiaries predecease me, the benefits will be payable to my estate.

