

# MichiganTech

## Retirement Supplemental Voluntary Program (RSVP) Beneficiary Form

Employee Name: \_\_\_\_\_

M#: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

### Designation of Primary Beneficiary

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Relationship to Employee: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### Designation of Contingent Beneficiary

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Relationship to Employee: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

*If there is more than one primary beneficiary or more than one contingent beneficiary, they will share the death benefits equally, or all will be paid to the survivor.*

*I reserve the right to change this designation at any time.*

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Send all RSVP forms to Benefit Services*