

## **BENEFICIARY DESIGNATION**

## (For Payment of All Earned Compensation at Death of an Employee)

**INSTRUCTIONS:** If a Beneficiary Designation form is not executed by an employee, payment of compensation at death will be made to the employee's estate.

I hereby designate the person named below as my beneficiary to receive all compensation due to me in the event of my death, while an employee of Michigan Technological University. The death of the named beneficiary, divorce of my spouse (husband or wife), if named as beneficiary, or my separation from the University voids this designation. This designation may be canceled or changed only by filing a new form with the University Human Resources Office.

|                     | Name (Please Print): |                 |  |
|---------------------|----------------------|-----------------|--|
| Birth               | n Date:              |                 |  |
| BENEFICIARY         |                      |                 |  |
| PRIMARY:            | (Name)               | _ Relationship: |  |
| Address:            |                      |                 |  |
|                     |                      | State:          |  |
| CONTINGENT:         |                      | Relationship:   |  |
|                     | (Name)               |                 |  |
| Address:            |                      |                 |  |
|                     |                      | State:          |  |
|                     |                      |                 |  |
| Employee Signature: |                      | Date:           |  |
| Received by:        |                      | Date:           |  |