



**BENEFICIARY DESIGNATION FORM**  
**\$7,000 Retiree Death Benefit**

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

**Beneficiary(ies):**

Last Name, First Name, Phone #	% (Paid equally, unless otherwise noted)	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____

If none of the above beneficiaries are still living, then pay:

_____	_____	_____
_____	_____	_____
_____	_____	_____

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