

# RETIRED EMPLOYEE DEATH BENEFIT BENEFICIARY DESIGNATION

DARTMOUTH COLLEGE, HANOVER, NEW HAMPSHIRE

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_

Social Security : \_\_\_\_\_ Date of birth: \_\_\_\_\_

## BENEFICIARIES

Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_ *(circle one)*  
\_\_\_\_\_ \*\* P or \* C  
Address: \_\_\_\_\_ Relationship to you: \_\_\_\_\_  
Percent of Benefit \_\_\_\_\_ %

Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_ *(circle one)*  
\_\_\_\_\_ \*\* P or \* C  
Address: \_\_\_\_\_ Relationship to you: \_\_\_\_\_  
Percent of Benefit \_\_\_\_\_ %

Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_ *(circle one)*  
\_\_\_\_\_ \*\* P or \* C  
Address: \_\_\_\_\_ Relationship to you: \_\_\_\_\_  
Percent of Benefit \_\_\_\_\_ %

Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_ *(circle one)*  
\_\_\_\_\_ \*\* P or \* C  
Address: \_\_\_\_\_ Relationship to you: \_\_\_\_\_  
Percent of Benefit \_\_\_\_\_ %

**\*\*P** = Primary Beneficiary or first choice of Beneficiary.

**NOTE:** If you would like to divide coverage among more than one primary beneficiary, please indicate the percentage you would like each to receive.

**\*C** = Contingent Beneficiary, or second choice if primary beneficiary or beneficiaries are no longer living.

I am a retired/retiring employee of Dartmouth College. I hereby revoke any previous designations of primary and contingent beneficiary and designate the beneficiary(ies) listed above.

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

Home Address: \_\_\_\_\_