

**RETIRED EMPLOYEE DEATH BENEFIT BENEFICIARY DESIGNATION**

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

**Social Security Number:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Home address:** \_\_\_\_\_

**BENEFICIARIES**

A primary beneficiary is your first choice beneficiary. You can elect more than one by indicating the percentage for each in the space provided. A contingent beneficiary is the second choice beneficiary in the event the primary beneficiary(ies) is no longer living.

**Circle one**

**Primary or Contingent** \_\_\_\_\_ **Percentage of benefit** \_\_\_\_\_%

Name of person, trust, or organization \_\_\_\_\_

Social Security Number or Tax ID \_\_\_\_\_ Relationship \_\_\_\_\_

Address or contact information \_\_\_\_\_

**Circle one**

**Primary or Contingent** \_\_\_\_\_ **Percentage of benefit** \_\_\_\_\_%

Name of person, trust, or organization \_\_\_\_\_

Social Security Number or Tax ID \_\_\_\_\_ Relationship \_\_\_\_\_

Address or contact information \_\_\_\_\_

**Circle one**

**Primary or Contingent** \_\_\_\_\_ **Percentage of benefit** \_\_\_\_\_%

Name of person, trust, or organization \_\_\_\_\_

Social Security Number or Tax ID \_\_\_\_\_ Relationship \_\_\_\_\_

Address or contact information \_\_\_\_\_

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

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_