

University of Missouri Beneficiary Designation Form

Employee Last Name	Employee First Name	MI	Social Security Number	Employee ID
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This page only needs to be completed if you wish to make a change in your beneficiary designation.

Basic Life Insurance Plan Beneficiary(ies)

Primary

Name	Address	Relationship	Social Security Number	Share (\$ or %)
Name	Address	Relationship	Social Security Number	Share (\$ or %)
Name	Address	Relationship	Social Security Number	Share (\$ or %)

Contingent

Name	Address	Relationship	Social Security Number	Share (\$ or %)
Name	Address	Relationship	Social Security Number	Share (\$ or %)
Name	Address	Relationship	Social Security Number	Share (\$ or %)

Accidental Death & Dismemberment Insurance Plan Beneficiary(ies)

Primary

Beneficiary(s) Same as Life Insurance Plan

Name	Address	Relationship	Social Security Number	Share (\$ or %)
Name	Address	Relationship	Social Security Number	Share (\$ or %)
Name	Address	Relationship	Social Security Number	Share (\$ or %)

Contingent

Name	Address	Relationship	Social Security Number	Share (\$ or %)
Name	Address	Relationship	Social Security Number	Share (\$ or %)
Name	Address	Relationship	Social Security Number	Share (\$ or %)

Pre-Retirement Death Benefit Beneficiary(ies)

Primary

Beneficiary(s) Same as Life Insurance Plan

Name	Address	Relationship	Social Security Number	Share (\$ or %)
Name	Address	Relationship	Social Security Number	Share (\$ or %)
Name	Address	Relationship	Social Security Number	Share (\$ or %)

Contingent

Name	Address	Relationship	Social Security Number	Share (\$ or %)
Name	Address	Relationship	Social Security Number	Share (\$ or %)
Name	Address	Relationship	Social Security Number	Share (\$ or %)

Election/Authorization

I hereby designate the above beneficiary(ies) to receive applicable benefits under the plans identified hereby revoke any and all previous beneficiary designations.

Employee Signature: _____

Date: _____