

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 _____