



Human Resources
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Memphis, TN 38163
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**THE UNIVERSITY OF TENNESSEE
DESIGNATION OF BENEFICIARY**

It is currently the policy of The University of Tennessee to provide a benefit in the event of employee death. (See Personnel Policy 307). To facilitate prompt disbursement of this benefit, an employee may designate a beneficiary to whom such payment will be made. This designation is revocable at any time by submitting a new designation to the University. Submission of a properly executed form will therefore automatically cancel any previous designation.

In accordance with this procedure, I hereby designate the following beneficiary or beneficiaries to receive any then applicable benefit payment from the University upon my death. (Multiple beneficiaries must be named individually.)

BENEFICIARY INFORMATION

Name: _____

Address _____

SSN or Other Tax ID No.: _____

() **Check if additional beneficiaries are listed on reverse.**

This _____ **day of** _____ **20**_____.

EMPLOYEE INFORMATION

Employee Name: _____

Address: _____

Signature: _____

Social Security No: _____

Witness: _____

Personnel/University Representative or Notary

*****Forward original to your campus/unit Human Resources Office.**

ADDITIONAL BENEFICIARIES

NAME

ADDRESS

SSN/OTHER TAX ID

| | | |
|-------|----------------------------------|-------|
| _____ | _____ _____ _____ _____ | _____ |
| _____ | _____ _____ _____ _____ | _____ |
| _____ | _____ _____ _____ _____ | _____ |
| _____ | _____ _____ _____ _____ | _____ |