

University of Missouri System

COLUMBIA | KANSAS CITY | ROLLA | ST. LOUIS

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 Beneficiar(y/ies)

Primary

Name	Address	Relationship	Social Security Number	Share (%)
Name	Address	Relationship	Social Security Number	Share (%)
Name	Address	Relationship	Social Security Number	Share (%)

Contingent

Name	Address	Relationship	Social Security Number	Share (%)
Name	Address	Relationship	Social Security Number	Share (%)
Name	Address	Relationship	Social Security Number	Share (%)

Additional Life Insurance Plan Beneficiar(y/ies)

Primary

Beneficiar(y/ies) same as Basic Life Insurance Plan

Name	Address	Relationship	Social Security Number	Share (%)
Name	Address	Relationship	Social Security Number	Share (%)
Name	Address	Relationship	Social Security Number	Share (%)

Contingent

Name	Address	Relationship	Social Security Number	Share (%)
Name	Address	Relationship	Social Security Number	Share (%)
Name	Address	Relationship	Social Security Number	Share (%)

Accidental Death & Dismemberment Insurance Plan Beneficiar(y/ies)

Primary

Beneficiar(y/ies) same as Basic Life Insurance Plan

Name	Address	Relationship	Social Security Number	Share (%)
Name	Address	Relationship	Social Security Number	Share (%)
Name	Address	Relationship	Social Security Number	Share (%)

Contingent

Name	Address	Relationship	Social Security Number	Share (%)
Name	Address	Relationship	Social Security Number	Share (%)
Name	Address	Relationship	Social Security Number	Share (%)

(See Reverse Side for Pre-Retirement Death Benefit)

Pre-retirement Death Benefit Beneficiar(y/ies)* *(not applicable to health affiliates or those hired after 10/01/19)*

Primary

Beneficiar(y/ies) same as Basic Life Insurance Plan

Name	Address	Relationship	Social Security Number	Share (%)
Name	Address	Relationship	Social Security Number	Share (%)
Name	Address	Relationship	Social Security Number	Share (%)

Contingent

Name	Address	Relationship	Social Security Number	Share (%)
Name	Address	Relationship	Social Security Number	Share (%)
Name	Address	Relationship	Social Security Number	Share (%)

*Under the DB Plan or the DB portion of the Hybrid Plan, your spouse is your automatic pre-retirement death beneficiary. If you wish to name someone other than your spouse as your pre-retirement death beneficiary, contact the UM System Office of Human Resources Service Center to request additional forms. The HR Service Center may be reached by phone at (573)882-2146 or by email at hrservicecenter@umsystem.edu.

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.

I acknowledge and agree that this document may be signed by electronic signature, which shall be considered an original signature for all purposes and shall have the same force and effect as an original signature. "Electronic signature" shall include faxed versions of an original signature, electronically scanned and transmitted versions of an original signature, and typed signature in a fillable form or typed signature via Adobe Pro.

Employee signature

Date