



Beneficiary Designation Form

Use this form to designate a beneficiary (ies) for funds payable by Snow College Policy 371 if as an eligible employee, you die while actively employed by the college.

Employee Name: _____

Job Title: _____

Date of Birth: _____

DECLARATION

I am:

Designating a beneficiary for the first time

Changing a Designation

PRIMARY DESIGNATION

Name	Date of Birth	Relationship	Share (%)	Tax ID Number or Social Security Number

CONTINGENT DESIGNATION

Name	Date of Birth	Relationship	Share (%)	Tax ID Number or Social Security Number

I understand if no designated beneficiary survives me, or if no beneficiary designation is in effect at my death, the benefits provided by Snow College will be paid to my spouse, or if I am not survived by a spouse, the benefit will be paid in accord with Utah intestacy law. I am aware this form replaces all prior beneficiary designations for the benefits listed in Snow College Policies and becomes effective when received by Snow College and will remain in effect until I deliver another designation form with a later date.

Signature: _____

Date: _____