

Tennessee State University
Designation of Beneficiary

EMPLOYEE NAME: _____ **T#:** _____

In accordance with the Tennessee Board of Regents procedure to disburse final compensation of wages and benefits in the event of employee death, I hereby designate the beneficiary(ies) listed below:

Section I

SAME BENEFICIARIES AS DESIGNATED FOR RETIREMENT:

I designate payment of all wages and benefits to the same beneficiary(ies) designated for retirement benefits.

**** if you checked the above box, go to the Employee Signature line in Section III.*

Section II

WAGES (TCA §30-2-103):

_____/_____/_____
Last First MI SSN Birth Date Sex Relationship

ANNUAL LEAVE (TCA §8-50-808 & TBR Policy 5:01:01:01, Section III.E.):

_____/_____/_____
Last First MI SSN Birth Date Sex Relationship

SICK LEAVE (TCA §8-50-808 & TBR Policy 5:01:01:07):

_____/_____/_____
Last First MI SSN Birth Date Sex Relationship

COMPENSATORY TIME (TCA §8-50-808):

_____/_____/_____
Last First MI SSN Birth Date Sex Relationship

Section III

I, the employee, revoke and previous beneficiary nominations and direct that the foregoing designation supersede any previously filed.

EMPLOYEE: _____
(Please Print)

SIGNATURE: _____ **DATE:** _____

STATE OF TENNESSEE, COUNTY OF _____

_____ personally appeared before me on this the _____ day of

_____, _____, who makes oath that he/she executed the foregoing instrument.

(NOTARY SEAL)

Notary Public: _____

My Commission Expires: _____