



Beneficiary Designation

Employee Data

Employee ID: _____

Date: _____

**Note: You can either print the form and fill out by hand. Please write legibly.*

First Name: _____	Middle Initial: _____	Last Name: _____
Date of Birth: _____	Start Date: _____	
Street Address: _____		
State: _____	Zip Code: _____	
Name of Spouse: _____	Date of Marriage: _____	

Note: The beneficiary designations below apply only to funds due to an employee by Southwestern Illinois College upon the death of the employee. Such funds may include, but are not limited to, any or all of the following:

- Earned but unpaid compensation for services rendered
- Accumulated vacation leave
- Accumulated sick leave (pursuant to the appropriate provisions of the collective bargaining agreement or personnel manual)
- Reimbursement for approved college business

This designation form does not apply to payments due the deceased employee by other parties such as the State Universities Retirement System or the Life Insurance carrier of the record.

Designation of Beneficiary

If more than one beneficiary or contingent beneficiary is named, those named will share equally in any disbursement unless otherwise unambiguously set forth. In the event that multiple beneficiaries or multiple contingent beneficiaries are named, the following rules of distribution shall apply.

1. If one or more primary beneficiaries do not survive the employee, or otherwise repudiate the distribution, the remaining primary beneficiaries will share equally in the amount that would have been paid had said primary beneficiary survived.
2. No contingent beneficiary shall be eligible for receipt of any monies unless all primary beneficiaries fail to survive the employee.

I hereby revoke any and all previous designations of beneficiary and direct that any college payments which shall hereafter become due and payable from Southwestern Illinois College shall be paid to the following named beneficiary or beneficiaries who survive me.

PRIMARY BENEFICIARY:

Name (First, Middle, Last)	Date of Birth	Relationship	SSN	Contact Information (Phone/Email)

CONTINGENT BENEFICIARY:

Name (First, Middle, Last)	Date of Birth	Relationship	SSN	Contact Information (Phone/Email)

Employee Signature _____ Witness Signature _____

Witness Address _____