

Designation of Beneficiary Form
Kent State University 2022-2023 UFSP – University Faculty Separation Plan

If you have any questions please call EPC at 1-800-747-1504.

Pursuant to the ESP™ agreement(s) entered into by and between Kent State University and:

Print Name _____ Soc. Sec. # _____ Home Phone _____

Address _____ City _____ State _____ Zip _____

Please check here if address has changed []

First or Primary Beneficiary(ies)

I, the person named above, hereby execute this Designation of Beneficiary Form such that any remaining payments under the UFSP payable upon or after my death shall be paid to the First Beneficiary (ies), and if more than one First Beneficiary is designated, payments shall be made in equal shares.

Please complete the name, Social Security, and DOB – Date of Birth for any First Beneficiary(ies).

Full Name _____ Soc. Sec. # _____ - _____ - _____ DOB: _____

Address _____ City _____ State _____ Zip _____

Phone Number w/ area code (_____) _____ - _____ Relationship _____

Full Name _____ Soc. Sec. # _____ - _____ - _____ DOB: _____

Address _____ City _____ State _____ Zip _____

Phone Number w/ area code (_____) _____ - _____ Relationship _____

Full Name _____ Soc. Sec. # _____ - _____ - _____ DOB: _____

Address _____ City _____ State _____ Zip _____

Phone Number w/ area code (_____) _____ - _____ Relationship _____

Second or Contingent Beneficiary(ies)

If no First Beneficiary(ies) survives, payments shall be made to the Second Beneficiary(ies), and if more than one Second Beneficiary is designated, payment shall be made in equal shares.

Please complete the name, Social Security, and DOB – Date of Birth for any Second Beneficiary(ies).

Full Name _____ Soc. Sec. # _____ - _____ - _____ DOB: _____

Address _____ City _____ State _____ Zip _____

Phone Number w/ area code (_____) _____ - _____ Relationship _____

Full Name _____ Soc. Sec. # _____ - _____ - _____ DOB: _____

Address _____ City _____ State _____ Zip _____

Phone Number w/ area code (_____) _____ - _____ Relationship _____

Additional Second Beneficiaries can be listed on a separate sheet.

Subject to the statutory rights of any designated beneficiary, the right to change beneficiary is reserved to the participant, prior to his/her death, without the consent of any other person.

Participant Signature: _____ **Date:** _____

Witness: _____ **Date:** _____

A witness can be anyone over age 18.