



PSC-CUNY WELFARE FUND

Death Benefit Beneficiary Designation Form

Order of Payment and Division of Benefits. Unless otherwise provided:

1. Payment at my death is to be made to a primary beneficiary if he/she is then living.
2. Payment at my death is to be made to a contingent beneficiary if he/she is then living and there is no primary beneficiary then living.
3. If all beneficiaries predecease me, the benefits will be payable to my estate.

Name of Employee:		Last, First, Middle Initial	
Social Security Number:		Date of Birth (Month, Day, Year)	
Job Title:		College:	
Date Employed:			
Primary Beneficiary(ies): Person or persons who will receive the Death Benefit.			
Name:		Relationship:	
Contact Number and Email:			
Name:		Relationship:	
Contact Number and Email:			
Contingent Beneficiary(ies): Person or persons who will receive the Death Benefit if there is no surviving primary beneficiary			
Name:		Relationship:	
Contact Number and Email:			
Name:		Relationship:	
Contact Number and Email:			
Name:		Relationship:	
Contact Number and Email:			
Employee Signature:			
Employee Signature:		Date Signed (Month, Day, Year)	