



RETIREMENT SUPPLEMENTAL VOLUNTARY PROGRAM
RSVP

BENEFICIARY FORM

Do not sign until you have read and understand the attached RSVP materials

I have elected to participate in the Monetary Retirement Option or the Combined Monetary/Phased Retirement Option of the RSVP.

Name: _____

Social Security Number _____ - _____ - _____

Date of Birth: _____

DESIGNATION OF BENEFICIARY

Primary Beneficiary

Name: _____

Date of Birth: _____ Relationship to Employee: _____

Contingent Beneficiary

Name: _____

Date of Birth: _____ Relationship to Employee: _____

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- If there is more than one beneficiary, or more than one contingent beneficiary, they will share the death benefits equally, or all will be paid to the survivor.
 - I reserve the right to change this designation at any time.

Signature of Employee _____

Date of Signature _____