

**Kent State University**  
**2020 Voluntary Separation Incentive Plan (VSIP)**  
**Beneficiaries for Plan Payments (optional)**

Name (print): \_\_\_\_\_ Social Security #: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 \_\_\_\_\_

In the event of my death, I hereby designate the Beneficiary(ies) identified below to receive the balance of payments to be made under the 2020 Voluntary Separation Incentive Plan (VSIP). If all Beneficiaries predecease me, or if I do not name a Beneficiary, then in the event of my death, any remaining payments will be paid in accordance with the terms of the Plan. If this form is not completed, the balance of payments to be made under the 2020 VSIP will be paid to my estate.

<i><b>Primary Beneficiary Designations</b></i>	<i><b>Contingent Beneficiary Designations</b></i>
If I elect more than one primary Beneficiary and one of my primary Beneficiaries predeceases me, that person's share will be allocated pro rata to my other surviving primary Beneficiaries.	If I elect more than one contingent Beneficiary and one of my contingent Beneficiaries predeceases me, that person's share will be allocated pro rata to my other surviving contingent Beneficiaries.
<b>Primary Beneficiary #1</b>	<b>Contingent Beneficiary #1</b>
Full Name:	Full Name:
SSN:	SSN:
Relationship:	Relationship:
Percentage:	Percentage:
<b>Primary Beneficiary #2</b>	<b>Contingent Beneficiary #2</b>
Full Name:	Full Name:
SSN:	SSN:
Relationship:	Relationship:
Percentage:	Percentage:
<b>Primary Beneficiary #3</b>	<b>Contingent Beneficiary #3</b>
Full Name:	Full Name:
SSN:	SSN:
Relationship:	Relationship:
Percentage:	Percentage:

**If designating more than one primary beneficiary, please ensure that the percentage equals 100 percent. If more space is needed to list additional beneficiaries/dependents, please attach an additional sheet.**

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_