

Motlow State Community College

DESIGNATION OF BENEFICIARY

EMPLOYEE NAME:

(Last) (First) (Middle) (Maiden)

SOCIAL SECURITY NO: _____

In accordance with the Tennessee Board of Regents procedure to disburse final compensation of wages and benefits in the event of employee death, I hereby designate the beneficiary(ies) listed below:

WAGES (TCA §30-2-103)

(Last Name) (First) (Middle) (Soc Sec. No) (Birthdate) (Sex) (Relationship)
ANNUAL LEAVE (TCA §8-50-808 and TBR POLICY 5:01:01:01, Section III.E.)

(Last Name) (First) (Middle) (Soc Sec. No) (Birthdate) (Sex) (Relationship)

SICK LEAVE (TCA §8-50-808 and TBR POLICY 5:01:01:01, Section VII)

(Last Name) (First) (Middle) (Soc Sec. No) (Birthdate) (Sex) (Relationship)

COMPENSATORY TIME (TCA §8-50-808)

(Last Name) (First) (Middle) (Soc Sec. No) (Birthdate) (Sex) (Relationship)

ESTATE _____

ADDRESS _____

I, the employee, revoke any previous beneficiary nominations and direct that the foregoing designations supersede any previously filed.

EMPLOYEE SIGNATURE

DATE

STATE OF TENNESSEE, COUNTY OF _____

_____ personally appeared before me on this the ____ day of

_____, _____, who makes oath that (he) (she) executed the foregoing instrument.

(NOTARY SEAL)

Notary Public: _____

My Commission Expires: _____