UNIVERSITY OF MISSOURI **DEFERRED VESTED BENEFITS**

DESIGNATION OF BENEFICIARY FOR GUARANTEED PERIOD

This Form is not valid until received by Retirement Benefits Office

Return completed form to: Retirement Program, 1000 W. Nifong, Bldg. 7-Ste. 210, Columbia, MO 65211

Signature: I hereby designate the beneficiary(ies) listed below to receive applicable benefits under the provisions of the University of Missouri Retirement, Disability and Death Benefit Plan Guaranteed Period Option, and I hereby revoke any and all previous beneficiary designations.

Signed: _____ Date: _____

Retiree Name: _____
Last First Middle

S.S.N. _____ Employee ID # _____

I hereby designate the following beneficiary(ies) for the payment of the Guaranteed Period:

Name:	SSN:
Address:	Date of Birth:
City, State, Zip:	Percent:
Name:	SSN:
Address:	Date of Birth:
City, State, Zip:	Percent:
Name:	SSN:
Address:	Date of Birth:
City, State, Zip:	Percent:
Name:	SSN:
Address:	Date of Birth:
City, State, Zip:	Percent: