

**UNIVERSITY OF MISSOURI  
DESIGNATION OF BENEFICIARY FOR DEATH BENEFIT PAYABLE  
PRIOR TO THE COMMENCEMENT OF DEFERRED VESTED BENEFITS**

If you are married, your spouse at the time of your death will automatically be your beneficiary. This form will only be used in the event (1) you are not married at the time of your death, OR (2) you are married, but the person to whom you are married at the time of your death has waived his/her rights to the Death Benefit by completing the waiver on the back of this form.

I hereby designate the following as beneficiary(ies) of the death benefit payable prior to the commencement of vested benefits, and I hereby revoke any and all previous beneficiary designations.

_____ Printed Name	
_____ Signature	_____ Date

NAME	DATE OF BIRTH
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ADDRESS	RELATIONSHIP TO YOU	SHARE %
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CITY	STATE	ZIP CODE
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**UNIVERSITY OF MISSOURI SPOUSAL CONSENT TO WAIVE RIGHTS TO THE DEATH  
BENEFIT PAYABLE PRIOR TO THE  
PAYMENT OF VESTED EMPLOYEE LUMP SUM DISTRIBUTION**

I, the undersigned, \_\_\_\_\_, being the lawful spouse of  
(spouse)

\_\_\_\_\_, hereby waive my rights to the death benefit payable from my spouse's commencement of vested lump sum distribution under the University of Missouri Retirement, Disability, and Death Benefit Plan. I understand that by waiving my rights, I hereby waive my right to any survivor benefits which would have otherwise been payable to me as a result of the death of my husband/wife prior to my husband/wife electing vested lump sum distribution. I understand and agree that this consent is binding on me, on my heirs, on my personal representatives, and on all other persons who might otherwise claim an interest in any benefit afforded under the University of Missouri Retirement, Disability and Death Benefit Plan.

Spouse's Signature \_\_\_\_\_ Date \_\_\_\_\_

Spouse's Social Security Number \_\_\_\_\_

**Note: The spousal consent portion of the form must be notarized by a Notary Public.**

On the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me, the subscriber, a Notary Public in  
and for the

State of \_\_\_\_\_, County of \_\_\_\_\_,

personally came \_\_\_\_\_, to me known to be the person  
described in and who executed this Spousal Consent, and that she/he did acknowledge  
that it was executed of her/his own free will.

(Seal)

\_\_\_\_\_  
Notary Public

My Commission Expires \_\_\_\_\_