

GETTYSBURG COLLEGE
FACULTY RETIREMENT INCENTIVE PROGRAM
BENEFICIARY DESIGNATION FORM

This form must be completed and submitted between June 1, 2019 and November 1, 2019 to Regina Campo, Co-Director of Human Resources and Risk Management, Penn Hall, 1st Floor.

NAME: _____

DEPARTMENT: _____

SSN: _____ DATE OF BIRTH: _____

REQUESTED RETIREMENT DATE: _____

NAME OF DESIGNATED
BENEFICIARY: _____

RELATIONSHIP: _____

ADDRESS: _____

CONTACT TELEPHONE NUMBER: _____

I hereby acknowledge that if my designated beneficiary predeceases me and I have not designated another beneficiary, any amounts payable as death benefits under the Gettysburg College Faculty Retirement Incentive Program will be paid to my estate.

Date: _____

Signature