



Tulsa Community College
 909 S. Boston Ave. Tulsa, OK 74119
 Phone (918) 595-7856 Fax (918) 595-7996
 www.tulsacc.edu/retiree

BENEFICIARY DESIGNATION/CHANGE FORM

Retiree Name	Social Security Number
Home Address (Street, City, State)	Telephone Number
<input type="checkbox"/> Initial Designation <input type="checkbox"/> Change to a Prior Designation	

PRIMARY BENEFICIARY(IES)

Primary Beneficiary's Name, Address, and Phone Number	Social Security Number	Relationship to You	Date of Birth	Percentage: Total must equal 100%
Name: Address: Phone Number:				

CONTINGENT BENEFICIARY(IES): Contingent beneficiaries will only receive benefit if there are no surviving primary beneficiaries.

Contingent Beneficiary's Name, Address, and Phone Number	Social Security Number	Relationship to You	Date of Birth	Percentage: Total must equal 100%
Name: Address: Phone Number:				

By reason of my signature I understand that my previous beneficiary designations are revoked, and that I may change my designations upon request.

Signature of Employee

Date