



**GRAND VALLEY STATE UNIVERSITY  
BENEFICIARY DESIGNATION FORM FOR DEATH BENEFIT  
FOR HOURLY STAFF RETIREMENT PLAN**

**G #:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Birthdate:** \_\_\_\_\_

**Name of Spouse:** \_\_\_\_\_ **Birthdate:** \_\_\_\_\_

The Plan provides that if you die before you begin to receive payments, your beneficiary may be eligible for a death benefit.

Your death benefit will be paid to the beneficiary designated below:

**BENEFICIARY FOR DEATH BENEFIT**

I hereby designate the following person or persons as the beneficiary of the death benefit from my base retirement plan:

**PRIMARY BENEFICIARY(S):**

Beneficiary: \_\_\_\_\_ Percentage: \_\_\_\_\_ %

Address: \_\_\_\_\_

Beneficiary: \_\_\_\_\_ Percentage: \_\_\_\_\_ %

Address: \_\_\_\_\_

**SECONDARY BENEFICIARY(S):**

Beneficiary: \_\_\_\_\_ Percentage: \_\_\_\_\_ %

Address: \_\_\_\_\_

Beneficiary: \_\_\_\_\_ Percentage: \_\_\_\_\_ %

Address: \_\_\_\_\_

If you designate more than one beneficiary, please indicate the percentage of your benefits that each is to receive.

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature