

# Rensselaer

## Information Regarding Your Beneficiary Elections

It is very important to keep your beneficiary information up to date. Therefore please review the instructions below.

A blank beneficiary form has been enclosed for your use to update your beneficiary designations for the *Basic Life Insurance, Travel Insurance, Supplemental and Dependent Life Insurance, and the Supplemental Accidental Death & Dismemberment Insurance*. We strongly encourage you to complete this form even if you believe these beneficiaries are already on file. Complete the form and return it to the Human Resources Department. This will give you the assurance that the proceeds will be paid as you intend.

To verify or change your beneficiary designations for the *Defined Contribution Program and/or the Supplemental Retirement Program*, contact the fund sponsor, TIAA-CREF, Fidelity Investments, or Scudder Investments.

If you are an active participant in the *Contributory Defined Benefit Plan*, please see your Contributory Defined Benefit Plan statement for beneficiary information.

### SAMPLE BENEFICIARY DESIGNATIONS

	<u>Name</u>	<u>Relationship</u>	<u>Address</u>	<u>Percent</u>
PRIMARY BENEFICIARY	Jane Smith	Spouse	XXXXXX	100%
PRIMARY AND SECONDARY BENEFICIARIES	Jane Doe If Living; otherwise to John Doe	Mother	XXXXXX	100%
TWO BENEFICIARIES	John Smith John Smith, Jr. Or 100% to the Survivor	Spouse Son	XXXXXX XXXXXX	50% 50%
ESTATE	My Estate			
TRUST	ABC Bank & Trust Co.	Trustee or Successor In trust under (Trust Name) established (Date of Trust Agreement)	XXXXXX	100%

**Please complete the reverse side of this form and mail or fax to the following:**

Rensselaer Polytechnic Institute Division of Human Resources 21 Union Street, 2 <sup>nd</sup> Floor Troy, NY 12180	FAX : (518) 276-6370
---	----------------------

