

Oklahoma Baptist University

Beneficiary Designation Form for Retirement Plan AND Life Insurance

Life Insurance

Employee Name	SSN	Date of Birth	Primary Phone Number	
Home Address	City	State	Zip	
Employer		Group Number		

Beneficiary Designation:

Primary Beneficiary(ies)	Birth Date	Relationship	Social Security Number	% Designated
Secondary Beneficiary(ies)	Birth Date	Relationship	Social Security Number	% Designated

Retirement Plan

Employee Name	SSN	Date of Birth	Marital Status: Married or Single	
Home Address	City	State	Zip	
Primary Phone Number	Email Address			
Spouse Name	Spouse SSN	Spouse Birth Date		

This beneficiary designation applies to all retirement plans offered at Oklahoma Baptist University.

Beneficiary Designation:

Primary Beneficiary(ies)	Birth Date	Relationship	Social Security Number	% Designated
Secondary Beneficiary(ies)	Birth Date	Relationship	Social Security Number	% Designated

I agree and understand the changes and updates I made on this form.

Signature

Date