

AUSTIN PEAY STATE UNIVERSITY DESIGNATION OF BENEFICIARY

EMPLOYEE NAME:	SOCIAL SECURITY NO:
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In accordance with the Tennessee Board of Regents procedure to disburse final compensation of wages and benefits in the event of employee death, I hereby designate the beneficiary(ies) listed below:

WAGES (TCA §30-2-103) INDIVIDUAL (complete selection below) OR ESTATE (complete estate address box below)				
NAME:	SSN:	BIRTHDATE:	SEX:	RELATIONSHIP:
ADDRESS:				PHONE:
ANNUAL LEAVE (TCA §8-50-808 AND TBR POLICY 5:01:01:01, SECTION III.E.) INDIVIDUAL (complete selection below) OR ESTATE (complete estate address box below)				
NAME:	SSN:	BIRTHDATE:	SEX:	RELATIONSHIP:
ADDRESS:				PHONE:
SICK LEAVE (TCA §8-50-808 AND TBR POLICY 5:01:01:01, SECTION VII) INDIVIDUAL (complete selection below) OR ESTATE (complete estate address box below)				
NAME:	SSN:	BIRTHDATE:	SEX:	RELATIONSHIP:
ADDRESS:				PHONE:
COMPENSATORY TIME (TCA §8-50-808) INDIVIDUAL (complete selection below) OR ESTATE (complete estate address box below)				
NAME:	SSN:	BIRTHDATE:	SEX:	RELATIONSHIP:
ADDRESS:				PHONE:

If your estate was selected as beneficiary for one or more of the above categories, please complete the following block:

ESTATE:
ADDRESS:

EMPLOYEE SIGNATURE BLOCK	
I, the employee, revoke any previous beneficiary nominations and direct that the foregoing designations supersede any previously filed.	
Employee Signature: _____	Date: _____
STATE OF TENNESSEE COUNTY OF _____	
_____ personally appeared before me on this the _____ day of _____, _____	
who makes oath that he/she executed the foregoing instrument.	
(NOTARY SEAL)	Notary Public: _____
My commission expires: _____	