

## PSC-CUNY Welfare Fund Death Benefit Beneficiary Designation Card

Name of Employee (Last)      (First)      Middle Initial			
Social Security Number  	Male <input type="checkbox"/> Female <input type="checkbox"/>	Date of Birth Mo.   Day   Yr.         19	
Name of College:			
Date employed:		Job title	
Primary Beneficiary Name		Telephone number      relation to me	
Primary Beneficiary Address,			
Contingent Beneficiary Name		Telephone number      relation to me	
Contingent Beneficiary Address,			
Date Signed Mo.   Day   Yr. 		Signature of Employee	

**Order of Payment and Division of Benefits.** Unless otherwise provided:

- (a) Payment at my death is to be made to a primary beneficiary if he/she is then living.
- (b) Payment at my death is to be made to a contingent beneficiary if he/she is then living and there is no primary beneficiary then living.
- (c) If all beneficiaries predecease me, the benefits will be payable to my estate.