



UNIVERSITY OF MAINE SYSTEM RETIREMENT PLAN FOR CLASSIFIED STAFF
Designation of Beneficiary

TO: Retirement Committee

FROM: Employee's Name _____

Under the provisions of the University of Maine System Retirement Plan for Classified Staff, I hereby designate:

Name _____ Social Security # _____ - _____ - _____

Relationship _____ Sex _____ Date of Birth _____

Address _____

as my beneficiary to receive any benefits payable from the Plan after my death.

This designation is to be effective as of the date written below and cancels any previous designation of beneficiary made by me. I have enclosed a copy of my beneficiary's birth certificate.

Signature

Date

Witnessed by

Date