



BENEFITS

UNIVERSITY of WASHINGTON

Human Resources

UW Supplemental Retirement Plan (UWSRP)

BENEFICIARY NOMINATION
FOR
SUPPLEMENTAL RETIREMENT INCOME

I wish to name _____
(Print) Name Date of Birth

Address

Email Phone Number

who is my _____ to receive my Supplemental Retirement Income Benefit in the event
Relationship

I should die before retirement and later become eligible for Supplemental Retirement Income Benefits as authorized in Section 5.5 of the University of Washington Supplemental Retirement Plan (UWSRP) Document.

(Print) Name Signature

Date Social Security Number

TO BE COMPLETED ONLY IF A MARRIED PARTICIPANT IS NAMING A PERSON OTHER THAN SPOUSE AS BENEFICIARY. (Please Print)

I _____ am the spouse of _____

and declare I am aware that they have named _____ as beneficiary of the Supplemental Retirement Income Benefit.

Signature of Witness Signature of Spouse

Address Social Security Number

Date _____