Employee's Name:			Campus-Wide ID:	
State of C	Oklahoma Outsta	nding	Wages Beneficiary Desig	nation
beneficiary to receive the emp If you elect to name a benefici submit to OSU Human Resour the future, it will be your response	loyee's final check in the e lary, you must complete the rces, Employee Services, 10 consibility to complete and s	vent of an e e section be 06 Whitehu submit to O	University (OSU) offers its employees the employee's death while an employee of O low, <i>Outstanding Wages Beneficiary Dest</i> erst. Should you desire to change your ben SU Human Resources, Employee Service ar spouse and are later divorced, you may	SU.  ignation Form, and eficiary at some point in s, another Outstanding
<b>Primary Beneficiary</b> : Receive if the primary beneficiary(ies)	es priority distribution upor are deceased at the time of	n the emplo the employ	yee's death. <b>Contingent Beneficiary</b> : Royee's death.	eceives distribution only
pay for unused annual/vacati children. Please be advised there is no surviving spouse, y shares a total up to the maxin	on leave, in accordance wi hat if your final check is pr your dependent children, o num \$3,000 allowed by law	th Title 40, rocessed wi or their gua o. Any rema	office will issue the employee's final pay O.S., Section 165.3a, Payment of wages thout the naming of a beneficiary, your strains or the conservators of their estate aining payment would go into the estate as be delayed due to the probate process.	to surviving spouse and surviving spouse, or if s, will receive in equal
Primary Beneficiary			Relationship:	
Full Name:			DOB: (mm/dd/yyyy):	
			Social Security Number:	
Address:				
Address:Street		City	State	Zip Code
Beneficiary: Primary:	OR Contingent:		Relationship:	
			DOB: (mm/dd/yyyy):	
Full Name:			Social Security Number:	
Address:				
Street		City	State	Zip Code
Beneficiary: Primary:	OR Contingent:		Relationship:	•
		***	DOB: (mm/dd/yyyy):	
Full Name:			Social Security Number:	
A.J.J.,			Social Security Ivamoer.	
Address:Street		City	State	Zip Code
Beneficiary: Primary:	OP Contingents		Relationship:	p
Deficially. I filliary.	OK Contingent:		DOB: (mm/dd/yyyy):	
			DOB: (mm/qq/vvvv):	
Full Name:				
			Social Security Number:	
Full Name: Address:Street		City		

PRINT EMPLOYEE FULL NAME SIGNATURE OF EMPLOYEE DATE

Return original form to OSU Human Resources, Employee Services, 106 Whitehurst, and retain a copy for your records. Please keep all beneficiary information current.