## Designation of Beneficiary for Unpaid Compensation (NRS 281.155) Nevada System for Higher Education

| ☐ Busines  | orth 🗆  | ☐ Business Center South                                      |   |   |                    |
|--|---|--|---|---|--------------------|
| The designated beneficiary will represent the Designation of a beneficiary for the named. If no beneficiary is not beneficiary does not affect the beneficiary will represent the property of the beneficiary will represent the beneficiary does not affect t | this purpose<br>med, the<br>seneficiary<br>umber of b | se may be revoked<br>funds will be par-<br>designation for o | ed at any time<br>aid to your e<br>other plans su | e and a new beneficiary materials. This designation outlined as Retirement, Insurance | ay be of the ce or |
| Employee Name:   |   |  |   |   |                    |
|  |   | (Please I  | Print)  |   |                    |
| Employee ID Number:  |   | Institu  | ution:  |   |                    |
| Primary  |   | Secondary  |   | (   | %                  |
| 1. Beneficiary Name: OR  |   | becomeany  |   |   | 0                  |
| 2. To the Estate of:   | Last  |  | First   | M   |                    |
| Social Security Number: OR   |   |  | 1 1150  |   |                    |
| Tax Identification Number:   |   |  |   |   |                    |
| Relationship:  |   |  |   |   |                    |
| Address:   | -   |  |   |   |                    |
| City, State, Zip-Code  | -   | -  |   |   |                    |
| City, State, Zip Code  |   |  |   |   |                    |
|  |   |  |   |   |                    |
| ☐ Primary  |   | Secondary  |   |   | %                  |
| 2. Beneficiary Name:   | Last  |  | First   | M   |                    |
| Social Security Number:  |   |  | 1 1150  | 171   |                    |
| Relationship:  | -   |  |   |   |                    |
| Address:   |   |  |   |   |                    |
| City, State, Zip-Code  |   |  |   |   |                    |
| City, State, Zip-Code  |   |  |   |   |                    |
|  |   |  |   |   |                    |
| Primary  |   | Secondary  |   | 0   | %                  |
| 3. Beneficiary Name:   | ·   |  |   |   |                    |
|  | Last  |  | First   | M   |                    |
| Social Security Number:  |   |  |   |   |                    |
| Relationship:  |   |  |   |   |                    |
| Address:   |   |  |   |   |                    |
| City, State, Zip-Code  |   |  |   |   |                    |
|  |   |  |   |   |                    |
|  |   |  |   |   |                    |
| Employee Signature:  |   |  |   | Date:   |                    |
|  |   |  |   |   |                    |
| <u>Primary Beneficiary:</u> The first ber<br>the employee's death. The primar<br>to collect the unpaid compensation<br>the unpaid compensation is paid to  | ry benefician. In the e                               | ary must be alive a vent the primary b                       | at the time of<br>beneficiary(ie                  | the employee's death in orders) dies prior to the employe                             | der<br>e,          |
| Secondary Beneficiary: The bene primary beneficiary does not survi   |   |  | unpaid comp                                       | pensation in the event the  |                    |