

## **Designation of Beneficiary for Unpaid Compensation**

Upon the death of a University of Memphis employee who was in active pay status at the time of death, the University of Memphis will pay unpaid compensation, which may include annual leave, sick leave, and/or earnings, due at the time of death. This form may be used to designate such a beneficiary. If a beneficiary is not designated, all money becomes payable to the estate of the deceased employee.

Employee Information:						
Employee Name				Banner ID ("U Number")		
	ion: In the event of my death or institution any unpaid con			·	his, please pay to	
Primary Beneficiary:						
Last Name	First Name	MI	Birth date	Gender	Relationship	
Address including stre	eet, city, state, and zip code					
	ry: Should the primary benefination to the following person	-	n above be deceased	at the time of my d	eath, please pay	
Last Name	First Name	MI	Birth date	Gender	Relationship	
Address including stre	eet, city, state, and zip code					
Telephone Number						
I hereby revoke any p	revious beneficiary designat	ions for unp	aid compensation:			
Employee Signature (**MUST SIGN IN FRONT OF AN HR ASSOCIATE**)				Date		