

## Voluntary Separation Offer Beneficiary Form

### Full-Time Faculty and Faculty Department Chairs Huizenga College of Business & Entrepreneurship

**\*\*\*Use this form to designate who will receive your VSO proceeds in the event of your death\*\*\***

For “Primary Beneficiaries”, indicate who should receive your VSO proceeds in the event of your death. For “Secondary Beneficiaries” (also known as Contingent Beneficiaries), indicate who should receive your VSO proceeds in the event that all of your Primary Beneficiaries are not living at the time of your death.

You may designate more than one Primary and Secondary Beneficiary. If you do make multiple designations, please indicate the percentage share each beneficiary should receive. The total within each class (Primary & Secondary Beneficiaries) must equal 100%. If you do not specify percentages, surviving beneficiaries within the class will share proceeds equally.

	Primary Beneficiary(ies)	Social Security Number	Relationship to Employee	% share of Proceeds
1				
2				
3				
	Secondary Beneficiary(ies)	Social Security Number	Relationship to Employee	% share of Proceeds
1				
2				
3				

NAME: \_\_\_\_\_

NSU ID: \_\_\_\_\_

SIGNED: \_\_\_\_\_

DATE: \_\_\_\_\_