

# BENEFICIARY DESIGNATION



Initial Beneficiary Designation(s) OR  Change of all prior beneficiary designation(s) (check only one box). I hereby revoke any previous beneficiary designation(s), if any, for my group term life insurance and/or accidental death and dismemberment (AD&D) insurance issued to this group or employer and direct that the insurance proceeds payable under the policy be paid as indicated below.

Employee Name:	Employee ID Number:	Social Security Number: <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Employee Address:		Telephone Number: (    )
Policyholder/Employer:		Policy Number:

### NAMING YOUR GROUP LIFE BENEFICIARY

It is important that your beneficiary designation be clear so there will be no question as to your intent. It is also important that you name a primary and contingent beneficiary. If you need assistance, contact your Company representative or your own legal counsel. Benefits payable for a Dependent's death are payable, where applicable, to You if living, otherwise, We may, at Our option, pay the benefit to Your surviving spouse or to the executors or administrators of Your estate.

<b>PRIMARY BENEFICIARY(IES)</b>		
Name: _____	Date of Birth: _____	
Address: _____	Telephone Number: (    ) _____	
Social Security Number: _____	Relationship: _____	Benefit Percent: _____
Name: _____	Date of Birth: _____	
Address: _____	Telephone Number: (    ) _____	
Social Security Number: _____	Relationship: _____	Benefit Percent: _____
Name: _____	Date of Birth: _____	
Address: _____	Telephone Number: (    ) _____	
Social Security Number: _____	Relationship: _____	Benefit Percent: _____

<b>CONTINGENT BENEFICIARY(IES)</b>		
Name: _____	Date of Birth: _____	
Address: _____	Telephone Number: (    ) _____	
Social Security Number: _____	Relationship: _____	Benefit Percent: _____
Name: _____	Date of Birth: _____	
Address: _____	Telephone Number: (    ) _____	
Social Security Number: _____	Relationship: _____	Benefit Percent: _____

**Spousal Consent For Community Property States Only:** If you live in a community property state - Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington, or Wisconsin - you may complete the Spousal Consent section, which allows your spouse to waive his or her rights to any community property interest in the benefit. Disclaimer: Spousal consent does not apply to ERISA plans. This will certify that, as spouse of the Employee named above, I hereby consent to my spouse designating the person(s) listed above as beneficiaries of group life insurance under the above policy and waive any rights I may have to the proceeds of such insurance under applicable community property laws. I understand that this consent and waiver supersede any prior spousal consent or waiver under this plan.

**Signature of Employee's Spouse:** \_\_\_\_\_ **Date:** \_\_\_\_\_

I, the undersigned, reserve the right to change the beneficiary(ies) without the consent of said beneficiary(ies).  
**Signature of Employee:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
 Please note that in no event may a beneficiary be changed by a Power of Attorney (POA)

## BENEFICIARY DESIGNATION FORM INSTRUCTIONS

You may name any person, persons, institution, trust, estate, religious or charitable institution or other entity as your primary or contingent beneficiary(ies). List a person's full name (use proper name, not nickname), address, social security number and relationship to you. If the beneficiary is not related either by blood or marriage, insert the words, "Not Related". If a religious or charitable institution is listed, include the institution's tax identification number.

If you name more than one beneficiary it is understood that the beneficiaries listed and living at the time of your death will share equally in the distribution of the death benefit.

If you wish to indicate unequal distribution among beneficiaries, you may do so by stating the percent of the insurance benefit to be paid to each. The listed percentages must add up to 100%.

Please note that in no event may a beneficiary be changed by a Power of Attorney (POA).

Sample wording for common beneficiary designations are shown below:

**Example #1:**

Jane Doe	Relationship: Spouse	Benefit Percentage: 100%
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**Example #2:**

Jane Doe	Relationship: Spouse	Benefit Percentage: 50%
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Susan Doe	Relationship: Daughter	Benefit Percentage: 25%
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John Doe	Relationship: Son	Benefit Percentage: 25%
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If additional space is required, write, "See attached", on the beneficiary line on this form and attach a separate sheet, listing all the required beneficiary information for each beneficiary listed.

**This separate sheet should be signed by you (the Employee) and dated.**

If you need assistance in completing this form, contact your Company representative or your own legal counsel.