



# 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	Social Security Number
Employee Address	Telephone Number ( )
Policyholder/Employer	Policy/Employer Number

## NAMING THE BENEFICIARY

It is important that your beneficiary designation be clear so that there will be no question as to your intent. It is also important that you name a primary and contingent beneficiary. When naming your beneficiary(ies) please indicate their full name, address, social security number, and relationship. If the beneficiary is not related either by blood or marriage, insert the words, "Not Related." On the reverse side of this form you will find examples of common beneficiary designations. If you need assistance, contact your Company representative or your own legal counsel.

### PRIMARY BENEFICIARY(IES)

Name: _____	Date of Birth _____
Address: _____	
Social Security Number: _____	Relationship: _____ Benefit Percent: _____
Name: _____	Date of Birth _____
Address: _____	
Social Security Number: _____	Relationship: _____ Benefit Percent: _____

### CONTINGENT BENEFICIARY(IES)

Name: _____	Date of Birth _____
Address: _____	
Social Security Number: _____	Relationship: _____ Benefit Percent: _____
Name: _____	Date of Birth _____
Address: _____	
Social Security Number: _____	Relationship: _____ Benefit Percent: _____

I, the undersigned, reserve the right to change the beneficiary(ies) without the consent of said beneficiary(ies).

Signature of Employee \_\_\_\_\_ Date \_\_\_\_\_