

## **BENEFICIARY DESIGNATE FORM**

Name (Print) Employee #					
Department:					
To be used to designate a beneficiary(ies) Please check the insurances that apply					
Basic Life Insurance □ Basic AD&D Insurance					
□ Optional AD& D Insurance					
Primary Beneficiary(ies) Name(s) First and Last % Relationship					
Ooutin work Donaffairm (foo) Nome (a) Finst and Last 20/					
Contingent Beneficiary(ies) Name(s) First and Last  % Relationship					
Important Information for designating Contingent Beneficiary(ies):					
<ul> <li>You may wish to designate a contingent beneficiary(ies) to receive any proceeds under this group policy if all of the primary beneficiary(ies) named above for a given benefit should die before you.</li> </ul>					
<ul> <li>You may not name the same person to be a primary and contingent beneficiary for the same benefit.</li> </ul>					
<ul> <li>Your allocations to contingent beneficiaries for each benefit must total either 0% or 100%.</li> </ul>					
<ul> <li>If you have designated your "Estate" as a primary beneficiary with a 100% allocation for a given benefit, you may not name a contingent beneficiary for the same benefit.</li> </ul>					
By signing this form, I revoke any previous beneficiary designations in relation to the benefit I have checked above and designate the person(s) named above.					
Employee Signature Date Signed					

}

## **DECLARATION APPOINTING TRUSTEE**

Please complete if Beneficiary is under the age of majority:				
I do hereby appoint any amount due to any benefi Trustee shall be a good discha	ciary under 1 arge to the in	9 years of ago surance comp	as Trustee to receive and declare the receipt of such pany for the amount so paid.	
And I do hereby authorize such amount and/or the incombeneficiary.			etion, to expend all or any portion of nance or education of such	
Dated at	this	day of	in the year	
(Signature of Witness)			(Signature of Insured)	
(Printed Name of Witness)			(Printed Name of Insured)	