LIFE INSURANCE BENEFICIARY DESIGNATIONS

♦ Designations should be clear as possible, so that there will be no questions as to their meaning. If more than one primary beneficiary is desired, please indicate correct type of beneficiary as applicable.

♦ If the beneficiary is not related to the insured by blood or marriage, the words “NOT RELATED” should be written next to the name of the beneficiary.

♦ If there is more than one beneficiary and proceeds are not intended to be divided equally, the details must be spelled out (i.e., 75% to John Doe, 25% to Dames Doe).

♦ If an employee wishes both his spouse and all his children to be considered equal beneficiaries, each child must be individually named. Each time a new baby is born, the employee must add the child by name to the beneficiary designation.

♦ Beneficiary designations made under your life insurance group policy are revocable. This means an employee may change the designation without requiring the consent of the existing beneficiary (ies).

♦ The beneficiary for loss of life and Accidental Death & Dismemberment is assumed to be the same, unless separate Beneficiary Designations are completed for each coverage.

♦ Employees with special circumstances, such as living trusts or estate planning vehicles should contact their own legal or tax counsel to choose the beneficiary designation wording best suited to their needs.
STATEMENT OF BENEFICIARY – GROUP POLICYHOLDER

1. PRIMARY BENEFICIARY - Name (Should be written “Helen Jones” not Mrs. W. Jones):
   ________________________________

   Relationship to Employee (Spouse, Son, Daughter, etc.):
   ________________________________

   Address: ________________________________

   Phone: ________________________________

2. SECONDARY BENEFICIARY - Name (Should be written “Helen Jones” not Mrs. W. Jones):
   ________________________________

   Relationship to Employee (Spouse, Son, Daughter, etc.):
   ________________________________

   Address: ________________________________

   Phone: ________________________________

   % of Distribution (if other than 100%): ____________

3. SECONDARY BENEFICIARY - Name (Should be written “Helen Jones” not Mrs. W. Jones):
   ________________________________

   Relationship to Employee (Spouse, Son, Daughter, etc.):
   ________________________________

   Address: ________________________________

   Phone: ________________________________

   % of Distribution (if other than 100%): ____________

If more than one beneficiary is named, the death benefit, unless otherwise stated, will be paid in equal shares to the listed beneficiaries who survive the employee. If no such beneficiary survives, payment will be made in accordance with the terms of the policy.

Employee Name (Please print.) ________________________________ Employee Id # __________

Employee Signature ________________________________ Date ________________

□ New Election □ Change of Beneficiary □ Update Contact Information