



# LIFE INSURANCE BENEFICIARY DESIGNATION FORM

Please list the beneficiary(ies) for your Life and AD&D insurance.

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## EMPLOYEE INFORMATION

Name \_\_\_\_\_ Email Address \_\_\_\_\_

SSN \_\_\_\_\_ EE ID \_\_\_\_\_ Date of Birth \_\_\_\_\_

Mailing Address \_\_\_\_\_

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## PRIMARY BENEFICIARY

I designate the person(s) named below as my primary beneficiary(ies) to receive payment under the policy in the event of my death. The share of any primary beneficiary who is no longer living at the time of my death, will pass to any remaining beneficiary(ies) in equal shares. If additional Primary Beneficiaries are needed, please enter the information on the back of this form and note "PRIMARY" by the person's name. **Note: Percentages must add up to 100% in this section.**

1. \_\_\_\_\_ %

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Relationship \_\_\_\_\_ Street Address \_\_\_\_\_

Social Security Number \_\_\_\_\_ Phone or Email \_\_\_\_\_ City, State, Zip \_\_\_\_\_

2. \_\_\_\_\_ %

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Relationship \_\_\_\_\_ Street Address \_\_\_\_\_

Social Security Number \_\_\_\_\_ Phone or Email \_\_\_\_\_ City, State, Zip \_\_\_\_\_

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## CONTINGENT BENEFICIARY

I designate the person(s) named below as my contingent beneficiary(ies) who will receive payment **only if** all primary beneficiaries predecease me. If additional Contingent Beneficiaries are needed, please enter the information on the back of this form and note "CONTINGENT" by the person's name. **Note: Percentages must add up to 100% in this section.**

1. \_\_\_\_\_ %

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Relationship \_\_\_\_\_ Street Address \_\_\_\_\_

Social Security Number \_\_\_\_\_ Phone or Email \_\_\_\_\_ City, State, Zip \_\_\_\_\_

2. \_\_\_\_\_ %

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Relationship \_\_\_\_\_ Street Address \_\_\_\_\_

Social Security Number \_\_\_\_\_ Phone or Email \_\_\_\_\_ City, State, Zip \_\_\_\_\_

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The signer of this form revokes all previous beneficiary designations for the death proceeds of this benefit. You have the right to change the beneficiary in the future. While you may designate minors as beneficiaries, please note that claim payments may be delayed due to special issues raised by these designations. In the event of a claim and the beneficiary is a minor child, the insurance proceeds will not be released to the minor child. The insurance proceeds may be paid to a duly appointed guardian of the child's estate.

EMPLOYEE SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**FORM MUST BE SIGNED TO BE VALID**