

Beneficiary Form

Group Term Life Insurance



Important Note: This Beneficiary Designation must be signed and dated below and cancels any prior beneficiary designation.

Policyholder		Group Number	
Individual Covered Person (<i>First, MI, Last</i>)	Social Security #	Date of Birth	Phone #
Street Address (please include apartment # as applicable) City, State Zip			

Upon the death of the Covered Person, all proceeds will be paid to the living beneficiaries in the order designated below. Only the Covered Person, or his/her authorized representative, may change the designation. If no Beneficiary is designated, your death benefit will be paid in accordance with the terms of the policy under which you are covered. Use a separate sheet to list any additional beneficiaries. You must sign and date all attachments.

THE BENEFICIARY FOR THE POLICY SHALL BE:

Primary Beneficiary					
Name	Address	Social Security Number	Date of Birth	Relationship to the Covered Person	% of Death Benefit Payable to Beneficiary (must total 100%)

In the event, and only in the event, that all Primary Beneficiaries predecease me, then the proceeds shall be payable to the following Contingent Beneficiaries.

Contingent Beneficiary					
Name	Address	Social Security Number	Date of Birth	Relationship to the Covered Person	% of Death Benefit Payable to Beneficiary (must total 100%)

If I name more than one person as a beneficiary, whether as the Primary or the Contingent beneficiary, unless I otherwise direct in writing above, each designated beneficiary shall share equally in the amount to be paid under the covered policy. In the event any designated beneficiary predeceases me, the remaining beneficiary(ies) shall share equally in the life insurance proceeds to be paid under the policy.

Insured's Signature

Insured's Printed Name

Date