

# 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**

**Beneficiary Form  
Group Term Life Insurance**



**BENEFICIARY DESIGNATION / SPOUSAL CONSENT FORM  
Community Property States**

*If (1) you are married and (2) you reside in a community property state (Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington or Wisconsin) and (3) your spouse is not named above as your sole Primary Beneficiary, then your spouse must provide his/her consent by signing below.*

I hereby certify that I am the spouse of the above-named Covered Person, and I have read this form as completed and signed by the Covered Person. I understand that, upon the Covered Person's death, I may be entitled to a portion of the unpaid Plan benefits under the applicable Community Property laws unless I consent to the Covered Person's designation of someone other than me. In granting this consent, which I voluntarily do, I understand that I am waiving the rights I have to the death benefits under the Plan if the Covered Person dies, except to the extent that he or she may name me specifically as a Beneficiary herein. The designated beneficiary(ies) may not be changed at any time during which I am married to the Covered Person (except to designate me as his or her sole primary beneficiary) without my written consent on a form similar to this one. I hereby acknowledge and consent to the Covered Person's designation of the beneficiary(ies) listed above and attached hereto (if applicable).

Signature of Spouse

Date

STATE OF

COUNTY OF

Before me, the undersigned authority, a Notary Public in and for the State of \_\_\_\_\_, on this \_\_\_\_\_ day personally appeared \_\_\_\_\_, and who being by me duly sworn on his/her oath states that the matters and facts set forth in the above and foregoing Petition are true and accurate as therein stated.

Covered Person's Spouse

SUBSCRIBED AND SWORN TO BEFORE ME, on this the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Notary Public, State of:

My Commission expires:

## **BENEFICIARY DESIGNATION GUIDELINES**

**General:** Please be sure to complete all of the beneficiary designation information requested above, including the social security number, date of birth and relationship to you. Doing so will help to expedite the claim process by making it easier to locate your beneficiaries in the event of a claim.

**Minors:** While you may designate minors as beneficiaries, please note that claim payments may be delayed due to legal issues raised by these designations. In the event of a claim when the beneficiary is a minor child, the insurance proceeds legally cannot be released to the minor child. The insurance proceeds may be paid to a duly appointed financial guardian or conservator for the child. Proof of this appointment may be required before the proceeds can be released.

**Trust as a Beneficiary:** You may designate a trust as a beneficiary using the following form: “To trustee of the \_\_\_\_\_, under a trust agreement dated \_\_\_\_\_.”

If you wish to designate a testamentary trust as a beneficiary (i.e. one created by a will), you should recognize the possibility that your will which was intended to create this trust may not be admitted to probate (for a variety of reasons, such as it is lost, contested, or superseded by a later will). Claim payment delays can result if the beneficiary designation doesn't provide for this situation.

**Life Status Changes:** We recommend that you review your beneficiary designation when significant life events occur, such as marriage, divorce, or the birth of a child.

**Consult an Attorney:** The above guidelines are general and are not intended to be relied upon as legal advice. Unless your designation is a simple one, you may want to obtain the assistance of an attorney in drafting your beneficiary designation. A qualified attorney can help assure that your beneficiary designation correctly reflects your intention, is clear and unambiguous, and meets legal requirements.

**Reset**