Group Term Life Insurance Beneficiary Designation

‡ This form MUST be signed before you return it. ... Signature ... page

SECTION I — Insured Information

Customer Number		Employer Name / Group Policyholder
First Name	Middle Name	Last Name
Address Street	City	State / ZIP Code
Date of Birth	Phone Number	SSN

SECTION II — Beneficiary Information

- You MUST designate at least one primary beneficiary. All designations indicated in the pr[imary section] ... be listed in the contingent section.
- The sum of the Primary Beneficiary percentages must equal 100%. The sum of the Contingent Beneficiary percentages must equal 100%. Dollar amounts, fractions and decimals will not be accepted.
- If you need more space for additional beneficiaries, attach a separate page. Include all ben[eficiary information]...

Please complete the section that pertains to the t[ype]...

☐ **A. Individual Beneficiaries**

PRIMARY BENEFICIARY Your first choice to receive your life insurance p[roceeds]... beneficiaries predeceases you will be equally divided among any rema[ining]...

Relationship to Employee	Social Security	Date of Birth	Phone Number	
First Name	Middle Initial	Last Name		Share
Address Street	City		State / ZIP Code	
Relationship to Employee	Social Security	Date of Birth	Phone Number	
First Name	Middle Initial	Last Name		Share
Address Street	City		State / ZIP Code	
Relationship to Employee	Social Security	Date of Birth	Phone Number	

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