



**Group Life  
Beneficiary Designation Form**

Group Policy Number: L

Name of Employee (Last, First, M.I.)		Social Security Number	Date of Birth	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
Street Address			Daytime Phone (Incl. Area Code)	
City, State, Zip Code			Evening Phone (Incl. Area Code)	
Employer	Occupation	Date of Hire	Class	Annual Salary \$

**Primary Beneficiary(ies)**

Name (Last, First, M.I.)	Relationship *	Payout Percentage
Name (Last, First, M.I.)	Relationship *	Payout Percentage
Name (Last, First, M.I.)	Relationship *	Payout Percentage

**Contingent Beneficiary(ies) – If primary beneficiary is not living at my death, payment is to be made to:**

Contingent Beneficiary Name (Last, First, M.I.)	Relationship *	Payout Percentage
Contingent Beneficiary Name (Last, First, M.I.)	Relationship *	Payout Percentage

You may have the right to change your designated beneficiary. The written consent is needed of: 1) your spouse\* if you are a resident of AZ, CA, ID, LA, NV, NM, TX, WA or WI and you name somebody other than your spouse as beneficiary; and 2) any irrevocable beneficiary.

If more than one beneficiary is designated, payment of the death benefit will be made in equal shares to each of the beneficiaries who survive you, unless otherwise provided herein.

If none of your designated beneficiaries survives you, payment will be made in accordance with the terms of the Policy.

Some common beneficiary designations are outlined below:

One beneficiary only:	Mary J. Smith, wife (friend, daughter, etc.)
Two or more beneficiaries, equal amounts:	William S. Smith, father, Alice C. Smith, sister and Richard B. Smith, brother, the share of any deceased beneficiary to be paid in equal shares of the survivors, or to the survivor.
Unequal amounts:	50% to Mary J. Smith, wife, and 25% each to Alice C. Smith, sister, and Richard B. Smith, brother, the share of any deceased beneficiary to be paid in equal shares to the survivors, or to the survivor.
Primary and Contingent beneficiary:	Mary J. Smith, wife, if living, otherwise the children born of the marriage of the insured to Mary J. Smith equally, or equally to the survivors, or to the survivor.
Trustee beneficiary:	The Trust Company of Smith, North Carolina as trustee under a Trust Instrument dated January 1, 2001.

**I have read, understand and agree to the provisions printed above and acknowledge that the information I have provided is accurate to the best of my knowledge.** I further hereby authorize my employer to make the necessary payroll deduction if required.

Insured Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\* Your spouse MUST sign this form if you are a resident of AZ, CA, ID, LA, NV, NM, TX, WA or WI and you designate someone other than your spouse as a beneficiary.**

Spouse Signature: \_\_\_\_\_ Date: \_\_\_\_\_