LIFE INSURANCE BENEFICIARY DESIGNATION/CHANGE FORM

Please fill out each section completely and use additional forms if necessary.

This Beneficiary Designation/Change form applies to **ALL** life insurance coverages offered under my employer's plan.

1. Employee Information *(PLEASE PRINT CLEARLY USING BLACK INK)*

First Name	MI	Last Name	Social Security Number

Address	City	State	Zip Code

2. Beneficiary Designations: I hereby revoke any previous designations of primary and contingent beneficiary(ies), if any, and designate the following:

A. Primary Beneficiary(ies) -

Beneficiary Description (check one)	First Name	MI	Last Name	Address (include city, state, zip code)	Relationship/DOB	Social Security Number	% Share
☐ Individual ☐ Corporation/Organization ☐ Trust ☐ Other_____ ☐ My Estate							
☐ Individual ☐ Corporation/Organization ☐ Trust ☐ Other_____ ☐ My Estate							
☐ Individual ☐ Corporation/Organization ☐ Trust ☐ Other_____ ☐ My Estate							

Total must equal 100% _____ %

B. Contingent Beneficiary(ies) -

Beneficiary Description (check one)	First Name	MI	Last Name	Address (include city, state, zip code)	Relationship/DOB	Social Security Number	% Share
☐ Individual ☐ Corporation/Organization ☐ Trust ☐ Other_____ ☐ My Estate							
☐ Individual ☐ Corporation/Organization ☐ Trust ☐ Other_____ ☐ My Estate							
☐ Individual ☐ Corporation/Organization ☐ Trust ☐ Other_____ ☐ My Estate							

Total must equal 100% _____ %

3. Trust Designation – Please attach a copy of the Trust Agreement. Complete if a Trust has been named as a beneficiary in Section 2.

Trustee's Name (First, MI, Last)	Address (include city, state, zip code)

And successor(s) in trust, as Trustee(s) under _____ **dated** _____ **as amended and executed by me and said Trustee.**

Title of Agreement **Date of Agreement**

_____ _____

Signature ***Date***

➢ **Employee must sign and date this form. The signature date must be the date the employee actually signed the form.**

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IMPORTANT INFORMATION ABOUT BENEFICIARY DESIGNATIONS

The information on this form will replace any prior beneficiary designations, if made. You may name anyone or any entity as your beneficiary and you may change your beneficiary at any time by completing a new Beneficiary Designation/Change form. Common designations include individuals, estates, corporation/organizations and trusts. **Payment will be made to the named beneficiary(ies).**

DEFINITIONS – You may find the following definitions helpful in completing this form:
Designation of Beneficiary(ies) – Unless otherwise provided, where two or more beneficiaries, primary or contingent, are named, payment will be made in equal shares to the named beneficiaries.
Primary Beneficiary(ies) – The benefit proceeds from the plan will be paid to your designated primary beneficiary(ies). However, if one of your primary beneficiaries predeceases you, the benefit proceeds from the plan will be paid to the remaining primary beneficiaries in equal shares or all to the sole remaining primary beneficiary.
Contingent Beneficiary(ies) – If all of your primary beneficiaries predecease you, your contingent beneficiary(ies) will receive the benefit proceeds. In the event that a designated contingent beneficiary predeceases you, the benefit proceeds will be paid to the remaining contingent beneficiaries in equal shares or all to the sole remaining contingent beneficiary.

INSTRUCTIONS FOR DESIGNATING PRIMARY AND/OR CONTINGENT BENEFICIARY(IES)

1. **Employee Information** - All information in this section is required.
2. **Beneficiary(ies) Designation(s)**

- You may name more than one primary and more than one contingent beneficiary. If you need additional pages to list your beneficiaries, please use additional forms.
- Please indicate the percentage share designated to each primary beneficiary. The total for all primary beneficiaries must equal 100%. If no percentages are specified, the proceeds will be split evenly among those named. Payment will be made to the named beneficiary(ies). If there is no named beneficiary, or the named beneficiary predeceased you, settlement will be made in accordance with the terms of the plan. Percentages for contingent beneficiaries must also equal 100%.
- You can name an individual, corporation/organization, trust or an estate as a beneficiary. The following examples may be helpful in designating beneficiaries:

  Individual: "Mary A. Doe"
  - ⇒ Each name should be listed as first name, middle initial, last name (Mary A. Doe, not Mrs. M. Doe).
  - ⇒ Include the address, relationship and Social Security Number for each individual listed.
  - ⇒ Indicate the percentage to be assigned to each individual.
  - ⇒ If a minor child is named as a beneficiary, you should make your designation as follows: "_____ as custodian for _____ under the _____ State Uniform Transfers to Minors Act." You must use the name of the state in which the minor child resides. This would apply to all States in the U.S.A. except for South Carolina.

  Estate: "Estate of the Insured"
  - ⇒ Select "My Estate" as the Beneficiary Description.
  - ⇒ Indicate the percentage to be assigned to the Estate of the Insured.

  Corporation/Organization: "ABC Charitable Organization"
  - ⇒ Select "Corporation/Organization" as the Beneficiary Description.
  - ⇒ Write the legal name of the corporation/organization in the space for Beneficiary's First Name.
  - ⇒ You must provide the address, city and state of operation for each corporation/organization listed.
  - ⇒ Indicate the percentage to be assigned to the corporation/organization.

  Trust: "The John B. Doe Trust. A Trust with a trust agreement dated 1/1/1999 whose Trustee is Jane Smith."
  - ⇒ Select "Trust" as the Beneficiary Description.
  - ⇒ Indicate the percentage to be assigned to the trust.
  - ⇒ Complete Section 3, Trust Designation.

3. **Trust Designation(s)**

- Complete this section if you have named a trust as a primary or contingent beneficiary in Section 2. Fill in the name and address for each trustee.
- Fill in the title and date of the Trust Agreement in the space provided. A copy of the Trust must be provided with this form.

4. **Authorization/Signature**

- The employee must read, sign and date the authorization. The form must be on file prior to the death of the participant/employee.

➢ **Submit the completed form to the Records Management, 101 Monroe Street, 12th floor EOB, Rockville MD 20850 and keep a copy for your records.**