

Beneficiary Designation Form

Select One or Both Life Insurance Plan(s)

Basic Life and AD&D

Supplemental Life and AD&D



(Plan Sponsor: Keep this completed form in the employee's personnel file.)

Name _____ Social Security Number _____
(Print clearly) Last Name First Name M.I.

Date of Birth _____

If this beneficiary designation form is not completed, either a prior designation or the plan document will govern the distribution of any death benefit. No individual named as Beneficiary shall be entitled to receive payment unless such individual shall survive the Participant. Except as otherwise expressly provided in this designation, if no Beneficiary shall survive the Participant, the death benefits payable shall be payable per the Plan document.

Primary

Name	Date of Birth	Relationship	SSN	Percent
_____	_____	_____	_____	_____%
_____	_____	_____	_____	_____%
_____	_____	_____	_____	_____%
_____	_____	_____	_____	_____%

Contingent #1*

Name	Date of Birth	Relationship	SSN	Percent
_____	_____	_____	_____	_____%
_____	_____	_____	_____	_____%
_____	_____	_____	_____	_____%
_____	_____	_____	_____	_____%

Contingent #2*

Name	Date of Birth	Relationship	SSN	Percent
_____	_____	_____	_____	_____%
_____	_____	_____	_____	_____%
_____	_____	_____	_____	_____%
_____	_____	_____	_____	_____%

Signature

I hereby direct that any and all death benefits payable under the terms of the Plan be payable to the above Beneficiaries in accordance with the Plan provisions. Any and all previous Beneficiary Designations are hereby revoked. I understand that the above beneficiary designation will remain in force until I request a change in accordance with the provisions of the Plan.

Participant: _____

Date: _____

*Note: If you have more than two Contingent Beneficiaries, please use additional Beneficiary Designation Forms as needed and continue numbering sequentially.