

Group Contract No.(s) _____

Social Security No. _____

Name of Group Policy Holder _____

Name of Insured _____

Beneficiary Change

Please designate your beneficiary(ies) on the lines below. Do not name the beneficiary for Dependent Term Life Coverage; these benefits are paid to you while living. If more than one beneficiary is designated, settlement will be made in equal shares to the designated beneficiaries (or beneficiary) that survive you, unless otherwise provided in the designation. If no designated beneficiary survives you, the settlement will be made to your estate, unless otherwise provided in the Booklet / Certificate. Use a separate piece of paper for additional beneficiary designation.

Change my beneficiary to:

Primary Beneficiary Designation

Last Name	First Name	MI	Relationship	Percentage

Contingent Beneficiary Designation*

Last Name	First Name	MI	Relationship	Percentage

*A contingent beneficiary is the person(s) or entity you choose to receive your life insurance proceeds if the primary beneficiary(ies) die (or the entity dissolves) before you die.

Name Change

Change my name to:

From:

To:

First Name	MI	Last Name	First Name	MI	Last Name

Insured's Signature: _____ Date: _____