

BENEFICIARY DESIGNATION



Initial

Change - Revoking hereby any previous designation which may be inconsistent herewith, I direct that the insurance proceeds, payable under my Employer's Group Insurance Plan in the event of my death, be paid as indicated below.

Employee Name	<i>John Doe</i>	Social Security Number	000-00-0000
Policyholder/Employer	<i>ABC CO., INC.</i>	Policy/Employer Number	GL-22222

NAMING THE BENEFICIARY

It is important that your beneficiary designation be clear so that there will be no question as to your meaning. It is also important that you name a primary and contingent beneficiary. When naming your beneficiary(ies) please indicate their full name, address, social security number, relationship and, if a minor, the age of that minor. If the beneficiary is not related either by blood or marriage insert the words, "Not Related". On the reverse side of this form you will find examples of common beneficiary designations. If you need assistance, contact your company representative or your own legal counsel.

PRIMARY BENEFICIARY(IES)

Name: *Jane Doe*

Address: *123 ABC Lane, Nowhere, CT 00000*

Social Security Number: *121-21-2121* Age (if minor): _____ Relationship: *Spouse*

Name: _____

Address: _____

Social Security Number: _____ Age (if minor): _____ Relationship: _____

Name: _____

Address: _____

Social Security Number: _____ Age (if minor): _____ Relationship: _____

CONTINGENT BENEFICIARY(IES)

Name: *Richard Doe*

Address: *555 Generic Street, Nowhere, CT 00000*

Social Security Number: *555-55-5555* Age (if minor): _____ Relationship: *Brother*

Name: _____

Address: _____

Social Security Number: _____ Age (if minor): _____ Relationship: _____

The right to change the beneficiary(ies) without the consent of said beneficiary(ies) is reserved.

Signature of Employee *Richard Doe* Date *6/1/95*

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PRIMARY BENEFICIARY(IES)

Name: _____

Address: _____

Social Security Number: _____ Age (if minor): _____ Relationship: _____

Name: _____

Address: _____

Social Security Number: _____ Age (if minor): _____ Relationship: _____

Name: _____

Address: _____

Social Security Number: _____ Age (if minor): _____ Relationship: _____

CONTINGENT BENEFICIARY(IES)

Name: _____

Address: _____

Social Security Number: _____ Age (if minor): _____ Relationship: _____

Name: _____

Address: _____

Social Security Number: _____ Age (if minor): _____ Relationship: _____

The right to change the beneficiary(ies) without the consent of said beneficiary(ies) is reserved.

Signature of Employee _____ Date _____

Following are examples of the most common beneficiary designations:

Mary J. Doe, Wife (not Mrs. John Doe).

Mary J. Doe, Wife, if living, otherwise to Joseph W. Doe, Son.

Mary J. Doe, Wife, if living, otherwise to Jane Doe, Daughter, and Joseph W. Doe, Son, in equal shares, if they are both living, otherwise to whichever of them survive me.

Estate of the Insured.

If you name more than one beneficiary with unequal shares, please show the amount of insurance to be paid to each beneficiary in fractional parts, for example "1/3 to Mary Jones, Mother and 2/3 to Edith Jones, Wife".