

# Beneficiary Form

## Group Term Life Insurance

Policy Holder: \_\_\_\_\_

Individual Covered Person: \_\_\_\_\_

SS#: \_\_\_\_\_

**Note:** This Beneficiary Designation cancels any prior beneficiary designation and shall be effective on the date received by the Company.

THE BENEFICIARY FOR THE POLICY SHALL BE:

| a) | Primary Beneficiary    | Percentage | Relationship to Insured | Address |
|----|------------------------|------------|-------------------------|---------|
|    |                        |            |                         |         |
|    |                        |            |                         |         |
|    |                        |            |                         |         |
|    |                        |            |                         |         |
| b) | Contingent Beneficiary | Percentage | Relationship to Insured | Address |
|    |                        |            |                         |         |
|    |                        |            |                         |         |
|    |                        |            |                         |         |
|    |                        |            |                         |         |

INSURED: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_