

GROUP LIFE AND PERSONAL ACCIDENT CHANGE OF BENEFICIARY FORM

Please Check One **Active Employee** **Retiree**

Name	SSN#	DOB
Department (if applicable)		Effective Date of Change

Change my beneficiary under the Group Life and Personal Accident Insurance Policy to:

Primary Beneficiary(ies) (Class I):

<i>Name and Address</i>	<i>Relationship</i>	<i>SSN#</i>	<i>DOB</i>	<i>% Designation</i>
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Contingent Beneficiary(ies) (Class II), if any:

<i>Name and Address</i>	<i>Relationship</i>	<i>SSN#</i>	<i>DOB</i>	<i>% Designation</i>
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Note: If additional space is needed, please attach a separate sheet

Payment to Children of a Deceased Child of Mine. If a child of mine is named above as a Beneficiary and that child predeceases me, the share of the benefits that would have been payable to that child if such child had survived me is to be paid in equal lump sum payments to such of the children of such child as survive me. *(This provision is applicable only if the preceding box () is marked with an (X) or a (3).*

Order of Payment and Division of Benefits. Unless otherwise provided:

- (a) payment at my death is to be made to a Beneficiary if he or she is then living and if there is no Beneficiary in a prior Class living.
- (b) if a Class of Beneficiaries contains more than one person, the benefits due the Beneficiaries in such Class at my death are to be apportioned in equal shares to the living Beneficiaries in the Class;
- (c) if all Beneficiaries predecease me, the benefits will be payable to my estate.

Definition of Terms. Unless otherwise provided, these terms have the meanings indicated:

CHILDREN- the children born of any and all marriages and any children legally adopted at any time.

ESTATE- my duly appointed Executors or Administrators

Date

Signature of Employee