

Basic - Optional - Supplemental Life Insurance

DESIGNATION OF BENEFICIARY / CHANGE OF BENEFICIARY FORM

Return completed form to your department Human Resource Representative

See instructions on opposite side



Personal Information

Name:	SSN #:
Date of Birth:	Payroll #:
Address:	Home/Cell #:
City, State, & ZIP:	Work #:

Choose 1 of the following:

- I am designating/changing the beneficiary(s) of my Basic LIFE INSURANCE. I am completing SECTION A.
- I am designating/changing the beneficiary(s) of my Optional/Supplemental LIFE INSURANCE. I am completing SECTION B.
- I am designating/changing the beneficiary(s) of both my Basic & Optional/Supplemental LIFE INSURANCE. I am completing SECTIONS A&B.

Beneficiary Designation(s) - Both Primary designations & Contingent designations must total 100%

PLEASE NOTE: If additional space for beneficiaries is required, attach additional sheets and mark this box:

SECTION A - Basic LIFE INSURANCE Beneficiary Designation /Change

Name:	Relationship:	SSN #:	Phone #:
Address:		D.O.B:	% _____: <input type="checkbox"/> Primary <input type="checkbox"/> Contingent
Name:	Relationship:	SSN #:	Phone #:
Address:		D.O.B:	% _____: <input type="checkbox"/> Primary <input type="checkbox"/> Contingent
Name:	Relationship:	SSN #:	Phone #:
Address:		D.O.B:	% _____: <input type="checkbox"/> Primary <input type="checkbox"/> Contingent
Name:	Relationship:	SSN #:	Phone #:
Address:		D.O.B:	% _____: <input type="checkbox"/> Primary <input type="checkbox"/> Contingent

SECTION B - Optional/Supplemental LIFE INSURANCE Beneficiary Designation /Change

Name:	Relationship:	SSN #:	Phone #:
Address:		D.O.B:	% _____: <input type="checkbox"/> Primary <input type="checkbox"/> Contingent
Name:	Relationship:	SSN #:	Phone #:
Address:		D.O.B:	% _____: <input type="checkbox"/> Primary <input type="checkbox"/> Contingent
Name:	Relationship:	SSN #:	Phone #:
Address:		D.O.B:	% _____: <input type="checkbox"/> Primary <input type="checkbox"/> Contingent
Name:	Relationship:	SSN #:	Phone #:
Address:		D.O.B:	% _____: <input type="checkbox"/> Primary <input type="checkbox"/> Contingent

Authorization

This designation supersedes any prior beneficiary designation and shall become effective on the date accepted by the Plan as listed below prior to my death. My death benefits will be paid first to my Primary Beneficiaries. If some of my Primary Beneficiaries predecease me, then my death benefit will be paid to the remaining Primary Beneficiaries. Contingent Beneficiaries will only receive benefits if no Primary Beneficiary survives me. If no beneficiary designation is on file, benefits will be paid pursuant to the sequence set forth in the Plan Document.

Policy Holder Signature:	Date:
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EXAMPLES of Beneficiary Designations /Changes

Indicate all of the required information for each beneficiary:

- First and last names
- Social Security #
- Date of birth (D.O.B.)
- Relationship to you
- Address
- Phone/Cell number
- If either a primary or a contingent beneficiary
- Split % you'd like a beneficiary to receive

Beneficiary Designation(s) - Both Primary designations & Contingent designations must total 100%

Example 1

SECTION A - Basic LIFE INSURANCE		Beneficiary Designation /Change	
Name: Michael J. Jackson	Relationship: Husband	SSN #: 123-456-7891	Phone #: 555-456-5555
Address: 2900 Jackson Street #A, Philadelphia, PA 19134		D.O.B: 08-29-1958	% <u>100</u> : <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Contingent
Name: Janet J. Jackson	Relationship: Daughter	SSN #: 222-456-7891	Phone #: 222-456-5555
Address: 553 Control BLVD, Philadelphia, PA 19134		D.O.B: 05-16-1966	% <u>50</u> : <input type="checkbox"/> Primary <input checked="" type="checkbox"/> Contingent
Name: Ella J. Fitzgerald	Relationship: Aunt	SSN #: 333-456-7891	Phone #: 232-456-5555
Address: 1267 Jazz Drive, Philadelphia, PA 19106		D.O.B: 04-25-1917	% <u>50</u> : <input type="checkbox"/> Primary <input checked="" type="checkbox"/> Contingent

Example 2

SECTION B - Optional/Supplemental LIFE INSURANCE		Beneficiary Designation /Change	
Name: Diana J. Ross	Relationship: Wife	SSN #: 444-456-7891	Phone #: 555-456-5555
Address: 999 Motown Way, Philadelphia, PA 19151		D.O.B: 03-26-1944	% <u>60</u> : <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Contingent
Name: Smokey J. Robinson	Relationship: Brother	SSN #: 555-456-7891	Phone #: 578-456-5555
Address: 876 Detroit Lane, Philadelphia, PA 19122		D.O.B: 02-19-1940	% <u>40</u> : <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Contingent
Name: Prince Roger Nelson	Relationship: Son	SSN #: 987-456-7891	Phone #: 511-456-5555
Address: 1999 Paisley Park Road, Philadelphia, PA 19234		D.O.B: 06-07-1958	% <u>100</u> : <input type="checkbox"/> Primary <input checked="" type="checkbox"/> Contingent

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