

**GROUP LIFE INSURANCE
BENEFICIARY DESIGNATION FORM**

Employee/Retiree Name: _____ Date of Birth _____

Group Number: **41380** (dd/mm/yyyy)

I appoint the following persons(s) as revocable beneficiary (ies) for any life benefits.

Please print clearly

****Percentage for each Beneficiary designation section (Primary and Secondary) must equal 100%.

****Completion of the Secondary Beneficiary section is optional.

Basic Group Life Insurance <input type="checkbox"/>		<small>*Not available to Retirees</small> Optional Life Insurance <input type="checkbox"/>	
Beneficiary's Last Name	First Name	Relationship	Percentage
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
Secondary Beneficiary – Applicable if the primary beneficiary (es) predeceases employee.			
Beneficiary's Last Name	First Name	Relationship	Percentage
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____		_____/_____/_____ Date (dd / mm /yyyy)	
Your Signature			

Appointment of Trustee (if the beneficiary designated above is under 18 or lacks legal capacity)

If you are designating a trustee, we recommend that you consult with a legal advisor, and with the proposed trustee.

I hereby appoint the following trustee to receive and hold in trust, on behalf of any beneficiary, money payable to the beneficiary under the MEBP where, at the time that payment is to be made, the beneficiary is a minor or otherwise lacks legal capacity. **(Please print clearly)**

Name of Trustee	Relationship to Member
_____	_____
Address	Trustee's Phone
_____	_____
Phone Number	Email Address
_____	_____

Note: In the event the designated beneficiary predeceases you, benefits designated to that particular beneficiary will be payable to your estate.

