



## Retiree Life Insurance Beneficiary Designation

<b>Retiree Name (First, Middle Initial, Last):</b>				
<b>Birth Date:</b>		<b>SSN:</b>		<b>Gender:</b>
<b>Street Address:</b>		<b>City:</b>	<b>State:</b>	<b>ZIP:</b>
<b>Phone:</b>		<b>Email:</b>		
<b>Other names you may be known by:</b>		<b>Marital Status:</b> <input type="checkbox"/> Married <input type="checkbox"/> Domestic Partner/Civil Union <input type="checkbox"/> Never Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed		

### **BENEFICIARY DESIGNATION(S)**

It is important that you name a primary and contingent beneficiary. Allocations need to be made by percent (%) and the total should equal 100%.

If you find that more space is needed for naming beneficiaries, please attached a separate page.

<b>Beneficiary Name Individual, Trust, Estate, or Entity:</b>				
<input type="checkbox"/> <b>Primary</b> <input type="checkbox"/> <b>Contingent</b>			<b>% Allocated:</b>	
<b>Relationship:</b> <input type="checkbox"/> Spouse <input type="checkbox"/> Domestic Partner <input type="checkbox"/> Child <input type="checkbox"/> Trustee <input type="checkbox"/> Estate Administrator <input type="checkbox"/> Other				
<b>If the Relationship is "Trustee", on what date was the Trust created?</b>				
<b>Birth Date:</b>		<b>SSN/TIN*:</b>		<b>Gender:</b>
<b>Phone:</b>		<b>Email:</b>		
<b>Street Address:</b>		<b>City:</b>	<b>State:</b>	<b>ZIP:</b>
<b>Mailing Address (if different from above):</b>		<b>City</b>	<b>State</b>	<b>ZIP</b>

\*Enter Social Security Number if the beneficiary is an individual. Enter Taxpayer ID Number (TIN) if the beneficiary is a trust, estate, or entity.

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\*Enter Social Security Number if the beneficiary is an individual. Enter Taxpayer ID Number (TIN) if the beneficiary is a trust, estate, or entity.

\_\_\_\_\_ Printed Name

\_\_\_\_\_ Signature

\_\_\_\_\_ Date