

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