



BENEFICIARY DESIGNATION FORM

For initial designation or changes. Most current on file applies.
Designation for Basic and Additional life insurance, if applicable.

Instructions:

1. Please type or print clearly IN INK.
2. The completed form should be returned to Employers Resource. Please keep a copy for your records.
3. If the presently designated beneficiary is a trustee, attach evidence that the Trust Instrument permits you to make the change requested below.
4. If you are requesting a change to a minor beneficiary, note that payment of policy proceeds can only be made to a legally appointed and qualified guardian. Have you made these arrangements?

Employee Information:

Employee Name (Last, First, MI)	Previous Name, if name change	Social Security No.	Company Name
Mailing Address		City, State	Zip
Date of Birth	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Hire	

Beneficiary Designation:

*Designations are not valid unless signed, dated and delivered to Employers Resource during your lifetime. If more than one primary or contingent beneficiary is designated, settlement will be made in equal shares to each of the designated beneficiaries (or beneficiary) as survives the Insured, unless otherwise indicated herein. Any updated designation overrides previous Basic Life and Additional Life beneficiary designations for the employee. **THE ESTATE IS AUTOMATICALLY THE BENEFICIARY FOR THE SPOUSE ADDITIONAL LIFE AND DEPENDENT CHILD(REN) ADDITIONAL LIFE INSURANCE.***

Beneficiary Election

The right is reserved to change the beneficiary hereby designated, without the consent of said beneficiary. If more than one beneficiary is designated, settlement will be made in equal shares to such of the designated beneficiaries (or beneficiary) as survives the insured, unless otherwise provided herein. If no designated beneficiary survives the insured; settlement will be made in accordance with the terms of the above Policy(ies).

	Beneficiary Full Name	Address	Social Security #	Relationship	Age	Percent
Primary						
Contingent						

POPULAR BENEFICIARY DESIGNATIONS

A married woman should be designated by her First Name, Middle Initial and Last Name. SHOW Jane B. Doe, NOT Mrs. John P. Doe.

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| <p>1. One beneficiary only – Jane B. Doe, wife</p> <p>2. Two or more beneficiaries, equal amounts – Alice B. Doe, sister, George M. Doe, brother, and William A. Doe, brother, equally, or to the survivors equally, or to the survivor.</p> <p>3. Two or more beneficiaries unequal amounts - 50% to James L. Doe, father, 25% each to Alice B. Doe, sister, and William A. Doe, brother. The share of any deceased beneficiary to be paid in equal shares to the survivors, or to the survivor.</p> | <p>4. Primary and Contingent beneficiaries – Jane B. Doe, wife if living; otherwise, the children born of the marriage of the Insured and Jane B. Doe, or legally adopted by them – equally or equally to the survivors.</p> <p>5. Trustee beneficiary The Trust Company of Lafayette, Indiana, as trustee under a Trust Instrument dated May 30, 1968.</p> |
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AUTHORIZATION

Any person who knowingly and with intent to defraud or deceive any insurance company, submits an insurance application containing any false, incomplete or misleading information, may be subject to civil or criminal penalties, depending on state law.

Employee Signature: _____ Date: _____

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