

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

WITNESS _____
Print Name

Date

Date