

**BENEFICIARY DESIGNATION FORM**  
**LIFE & ACCIDENTAL DEATH & DISMEMBERMENT (AD&D) INSURANCE**

List the person(s) who should receive benefits from the Employee Life Insurance and Accidental Death & Dismemberment Plans, in the event of your death. If you name more than one person, indicate the percent of the total benefit each should receive (total should equal 100%). Benefits are paid to your secondary beneficiary(ies) only if your primary beneficiary predeceases you or cannot be located. If you do not name a secondary beneficiary, benefits will be paid to your estate. If you need more room, please use the back of this form and write "See Back" on this form. This beneficiary designation will remain in effect from year to year unless revised.

**PRIMARY BENEFICIARY(IES)**

1. Name \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Relationship \_\_\_\_\_ Social Security Number \_\_\_\_\_ Percent \_\_\_\_\_
  
2. Name \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Relationship \_\_\_\_\_ Social Security Number \_\_\_\_\_ Percent \_\_\_\_\_
  
3. Name \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Relationship \_\_\_\_\_ Social Security Number \_\_\_\_\_ Percent \_\_\_\_\_

**SECONDARY BENEFICIARY(IES)**

1. Name \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Relationship \_\_\_\_\_ Social Security Number \_\_\_\_\_ Percent \_\_\_\_\_
  
2. Name \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Relationship \_\_\_\_\_ Social Security Number \_\_\_\_\_ Percent \_\_\_\_\_
  
3. Name \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Relationship \_\_\_\_\_ Social Security Number \_\_\_\_\_ Percent \_\_\_\_\_

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<b>Signature</b> _____	<b>Date</b> _____
<b>Print Name</b> _____	<b>Social Security Number</b> _____