



Beneficiary Designation Change Form

Complete this form to change the status of existing information on file.

Before using this form, you should satisfy yourself that by completing it, your intentions are clear, as the Insurer is not responsible for the validity or effect of any designations made under this form.

| | | |
|----------------------|-------------|----------------------|
| Employee Name | | |
| Last _____ | First _____ | Middle Initial _____ |

| |
|----------------------|
| Employer Name |
| _____ |

| |
|---------------------------------------|
| Employee Identification Number |
| _____ |

| |
|----------------------|
| Policy Number |
| _____ |

I _____, do hereby revoke previous beneficiary designations under the Policy and declare that benefits payable under the Policy after my death shall be paid in equal shares unless otherwise indicated, to:

| | | | |
|--------------------|-------------|--------------------|---------------|
| Beneficiary | | | |
| Last _____ | First _____ | Relationship _____ | % Share _____ |

| | | | |
|--------------------|-------------|--------------------|---------------|
| Beneficiary | | | |
| Last _____ | First _____ | Relationship _____ | % Share _____ |

| | | | |
|--------------------|-------------|--------------------|---------------|
| Beneficiary | | | |
| Last _____ | First _____ | Relationship _____ | % Share _____ |

| | | | |
|--------------------|-------------|--------------------|---------------|
| Beneficiary | | | |
| Last _____ | First _____ | Relationship _____ | % Share _____ |

| | | | |
|--------------------|-------------|--------------------|---------------|
| Beneficiary | | | |
| Last _____ | First _____ | Relationship _____ | % Share _____ |

This applies to the following in force benefits:

- Group Life & Accidental Death & Dismemberment
- Optional Life
- Optional Accidental Death & Dismemberment

Policy proceeds cannot be paid to a minor. If a minor is named as a beneficiary, please complete the *Appointment of Trustee* form. In the event that all Beneficiaries predecease the employee, benefits will be paid to the employee's estate.

Signed this: _____ day of _____, _____ .
Day Month Year

Employee Signature _____

Witness Signature _____

Witness must be of legal age and someone other than the beneficiary

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Please keep a copy for your records