



LIFE INSURANCE BENEFICIARY FORM
BENEFICIARY CHANGE FORM



Employee Name: \_\_\_\_\_ DOB: \_\_\_\_\_
SS#: \_\_\_\_\_ Department/Agency: \_\_\_\_\_

Primary Beneficiary:

- 1. Name: \_\_\_\_\_ DOB: \_\_\_\_\_
Address: \_\_\_\_\_ CITY,STATE,ZIP \_\_\_\_\_
GENDER: \_\_\_\_\_ Social Security Number: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_
Basic Life Insurance [ ] Percentage Designated: \_\_\_\_\_
Supplemental Life Insurance [ ] Percentage Designated: \_\_\_\_\_
2. Name: \_\_\_\_\_ DOB: \_\_\_\_\_
Address: \_\_\_\_\_ CITY,STATE,ZIP \_\_\_\_\_
GENDER: \_\_\_\_\_ Social Security Number: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_
Basic Life Insurance [ ] Percentage Designated: \_\_\_\_\_
Supplemental Life Insurance [ ] Percentage Designated: \_\_\_\_\_
3. Name: \_\_\_\_\_ DOB: \_\_\_\_\_
Address: \_\_\_\_\_ CITY,STATE,ZIP \_\_\_\_\_
GENDER: \_\_\_\_\_ Social Security Number: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_
Basic Life Insurance [ ] Percentage Designated: \_\_\_\_\_
Supplemental Life Insurance [ ] Percentage Designated: \_\_\_\_\_
4. Name: \_\_\_\_\_ DOB: \_\_\_\_\_
Address: \_\_\_\_\_ CITY,STATE,ZIP \_\_\_\_\_
GENDER: \_\_\_\_\_ Social Security Number: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_
Basic Life Insurance [ ] Percentage Designated: \_\_\_\_\_
Supplemental Life Insurance [ ] Percentage Designated: \_\_\_\_\_

(Attach additional sheet if necessary.)
See Second Page for Secondary Beneficiary(s)



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Secondary Beneficiary:

- 1. Name: \_\_\_\_\_ DOB: \_\_\_\_\_
Address: \_\_\_\_\_ CITY,STATE,ZIP \_\_\_\_\_
GENDER: \_\_\_\_\_ Social Security Number: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_
Basic Life Insurance [ ] Percentage Designated: \_\_\_\_\_
Supplemental Life Insurance [ ] Percentage Designated: \_\_\_\_\_
2. Name: \_\_\_\_\_ DOB: \_\_\_\_\_
Address: \_\_\_\_\_ CITY,STATE,ZIP \_\_\_\_\_
GENDER: \_\_\_\_\_ Social Security Number: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_
Basic Life Insurance [ ] Percentage Designated: \_\_\_\_\_
Supplemental Life Insurance [ ] Percentage Designated: \_\_\_\_\_
3. Name: \_\_\_\_\_ DOB: \_\_\_\_\_
Address: \_\_\_\_\_ CITY,STATE,ZIP \_\_\_\_\_
GENDER: \_\_\_\_\_ Social Security Number: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_
Basic Life Insurance [ ] Percentage Designated: \_\_\_\_\_
Supplemental Life Insurance [ ] Percentage Designated: \_\_\_\_\_
4. Name: \_\_\_\_\_ DOB: \_\_\_\_\_
Address: \_\_\_\_\_ CITY,STATE,ZIP \_\_\_\_\_
GENDER: \_\_\_\_\_ Social Security Number: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_
Basic Life Insurance [ ] Percentage Designated: \_\_\_\_\_
Supplemental Life Insurance [ ] Percentage Designated: \_\_\_\_\_

(Attach additional sheet if necessary.)

All Beneficiary Information is required. To add an agency/institution as a beneficiary, use the Corporate Tax ID number in place of a Social Security number.

Employee Signature

Date