



A NEW DAY.

# RETIREE BENEFICIARY DESIGNATION

Retiree Name: \_\_\_\_\_

Last 4 digits of SS#: \_\_\_\_\_

## Supplemental Group Life Insurance

When designating a trust as a beneficiary, it is necessary to attach a copy of the Trust Document to this form.

PRIMARY BENEFICIARY(IES)				
Name	Relationship	Phone Number	Address	Percentage (must =100%)

CONTINGENT BENEFICIARY(ies): Will only be entitled to receive the death benefit if there are no surviving primary beneficiaries.				
Name	Relationship	Phone Number	Address	Percentage (must =100%)

Please DO NOT sign until you are in the presence of Employee Benefits Personnel

Notarization is required if this form is mailed to the Employee Benefits Office

\_\_\_\_\_  
Retiree Signature with a copy of picture ID

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Employee Benefits Personnel Signature

\_\_\_\_\_  
Date Received

\_\_\_\_\_  
Notary Signature and Date Stamp