



RETIREE BENEFICIARY DESIGNATION

Retiree Name: _____

Last 4 digits of SS#: _____

A NEW DAY.

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 - (Home / Apt#, City, State, Zip)	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 - (Home / Apt#, City, State, Zip)	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