

BENEFICIARY CHANGE FORM

Your Name _____ Dept _____

Your Beneficiary Information – Completing this form will replace your recorded beneficiary related to life insurance and long-term disability. Be sure to date this form on the bottom.

Primary: Name _____ Relationship _____ % _____
 Name _____ Relationship _____ % _____
 Name _____ Relationship _____ % _____
 Name _____ Relationship _____ % _____

Contingent: Name _____ Relationship _____ % _____
 Name _____ Relationship _____ % _____
 Name _____ Relationship _____ % _____
 Name _____ Relationship _____ % _____

I certify that the dependent and beneficiary information above is accurate. These dependent and beneficiary designations take the place of any existing life and LTD designations on file.

Your signature _____ Date _____