



For the Benefits & Wellness
Department use only
Effective Date:

Life Insurance Change of Beneficiary Designation Form



RETIREE INFORMATION

Name		Soc Sec Number	
Address			
Date of Birth	Gender <input type="checkbox"/> Female <input type="checkbox"/> Male	Banner ID	

BENEFICIARY DESIGNATION

It is important that your beneficiary designation be clear so that there will be no question as to your meaning. It is also important that you name a primary and contingent beneficiary. If you need assistance, contact your benefits administrator or your own legal counsel. If you name more than one beneficiary with unequal shares, please show the amount of insurance to be paid to each beneficiary in fractional parts, for example "33% to Mary Jones, Mother and 67% to Edith Jones, Wife." If a Trust is named, please indicate the date the Trust was established.

Full Name	Address	Soc Sec Number	Relationship	Date of Birth	%
Primary					
Contingent					
Signature			Date		

Please send original to Benefits & Wellness Department.