



Life Insurance Beneficiary Designation Form

Retirees & LTD Recipients

Security Alert: Do not send this form via email



Last Name <i>Please print</i>	First Name	Banner ID	Social Security Number
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Street Address	City	State & Zip Code	County
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Gender (Male/Female)	Date of Birth		
<input type="text"/>	<input type="text"/>		

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 a contingent beneficiary. If you need assistance, contact the HR Service Center or your own legal counsel. If you name more than one primary 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	Social Security Number	Relationship	Date of Birth	%
Primary					
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Contingent					
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Signature

Date

Please return to: HR Service Center, 5700 Cass Ave., Suite 3638, Detroit, MI 48202; Fax: 313-577-0637
hr.wayne.edu/tcw