



Life Insurance Beneficiary Designation Form

Retirees & LTD Recipients



Name (Last, First) <i>Please print</i>	Banner ID	Social Security Number	Date of Birth
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Street Address	City	State	Zip
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Phone	Preferred E-mail		
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" 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 & Phone	Social Security Number	Relationship	Date of Birth	%
Primary					
Contingent					

Signature *(wet ink signature required):*

Signature	Date

Return to:
 HR Service Center, 5700 Cass Ave., Suite 3638, Detroit, MI 48202; Fax: 313-577-0637; E-mail: askhr@wayne.edu. Use your WSU E-mail and include "#SECURE" in the subject line to ensure your personal information is encrypted.