

BENEFICIARY FORM

NAME OF ORGANIZATION: _____

MEMBER'S/EMPLOYEE'S NAME: _____

MEMBER'S DATE OF BIRTH _____

DATE MEMBER JOINED ORGANIZATION: _____

COMPLETE, SIGN AND DATE THIS BLOCK IF YOU WISH TO NAME OR CHANGE YOUR BENEFICIARY

PRIMARY

BENEFICIARY: NAME _____ RELATIONSHIP _____
DATE OF BIRTH _____ SHARE _____ %

NAME _____ RELATIONSHIP _____
DATE OF BIRTH _____ SHARE _____ %

CONTINGENT

BENEFICIARY: NAME _____ RELATIONSHIP _____
DATE OF BIRTH _____ SHARE _____ %

NAME _____ RELATIONSHIP _____
DATE OF BIRTH _____ SHARE _____ %

IF NONE OF THE ABOVE-NAMED BENEFICIARIES ARE LIVING AT THE TIME OF MY DEATH, I DIRECT THAT PAYMENT BE MADE TO MY ESTATE. I RESERVE THE RIGHT TO REVOKE OR CHANGE THIS DESIGNATION.

SIGNATURE _____ DATE _____

THIS FORM SHOULD BE RETAINED IN THE FILES OF YOUR DEPARTMENT OR ORGANIZATION.