

Name

Date

# Life Insurance Beneficiary Form

To enroll in your company's life insurance plan, you must complete this form.

## Employee Information

Full Legal Name (last, first, middle initial)

Social Security Number

### Reason for Completing This Form

- Initial Designation of Beneficiary
- Change in Designation of Beneficiary

## Beneficiary Information

If you designate more than one beneficiary, insurance settlements will be made in equal shares to the beneficiaries unless you state different percentages underneath the beneficiaries' names.

First Name

Middle Initial

Last Name

Percentage of Proceeds

Date of Birth

Social Security Number

Relationship to You

*continued on next page*

Name

Date

First Name

Middle Initial

Last Name

Percentage of Proceeds

Date of Birth

Social Security Number

Relationship to You

**Signature and Authorization**

Signature

Date