



2011 LIFE INSURANCE BENEFICIARY CHANGE FORM - RIF

Please complete an additional Life Insurance Beneficiary Form if you require additional beneficiaries not already listed on this page. KEEP A COPY FOR YOUR RECORDS.

Employee Last Name, Employee First Name, M Initial, Personnel No: (Office Use Only), Employee Social Security No.

In the event of my death, I direct that benefits are payable to my designated beneficiary as indicated below. If more than one person is named as beneficiary, unless otherwise provided herein, benefits payable shall be paid in equal shares to the designated persons who survive me. I understand that if no beneficiary survives me, payment will be made in accordance with the terms of the applicable life insurance plan designated below. I understand that I am revoking any other previous beneficiary forms by completing this form. (*SIGNATURE AND DATE ARE REQUIRED OR FORM IS NOT VALID FOR PROCESSING)

Employee Signature: Date Signed:

INSURANCE PLANS

A. All Applicable Life Insurance Plans B. Basic Life C. Voluntary Supplemental Life (If applicable) D. VEBA (If applicable)

PRIMARY - (To share equally if more than one named beneficiary):

Table with columns: For Trustee Accounts: List Names, Address, and Phone Number of Executor(s), Relationship to Employee, Designate %, Life Insurance Plans, Full Social Security No., Date of Birth. Includes rows for PRIMARY BENEFICIARY, ADDRESS, and PHONE.

CONTINGENT - If none of the above survives me. (To share equally if more than one named beneficiary):

Table with columns: For Trustee Accounts: List Names, Address, and Phone Number of Executor(s), Relationship to Employee, Designate %, Life Insurance Plans, Full Social Security No., Date of Birth. Includes rows for CONTINGENT BENEFICIARY, ADDRESS, and PHONE.