



CenturyLink™

2011 LIFE INSURANCE BENEFICIARY CHANGE FORM
RETIREES

LEGACY-EQ

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

Retiree Last Name, Retiree First Name, M Initial, Personnel No. (Office Use Only), Retiree's Full Social Security No.

In the event of my death, I direct that benefits are payable to my designated beneficiaries as indicated below. If more than one person is named as beneficiary, unless otherwise designated, benefits payable shall be paid in equal shares to the primary beneficiaries who survive me.

(*SIGNATURE AND DATE ARE REQUIRED OR FORM IS NOT VALID FOR PROCESSING)

*Retiree Signature: _____ *Date Signed: _____

INSURANCE PLANS

A. All Applicable Life Plans B. Basic Life (if applicable) C. Supplemental Life (if applicable) D. VEBA (if applicable)

PRIMARY For Trustee Accounts, List Names, Address, & Phone # of Executor/s Relationship to Retiree: (spouse, child, friend) Designate % (total must equal 100% between listed PRIMARY beneficiaries) Life Insurance Plans (select alpha list above) Full Social Security No. (Social Security # will NOT be shared/submitted to outside sources) Date of Birth Mo. Day Yr.

PRIMARY BENEFICIARY: ADDRESS: PHONE:

ADDRESS: PHONE:

PRIMARY BENEFICIARY: ADDRESS: PHONE:

PRIMARY BENEFICIARY: ADDRESS: PHONE:

PRIMARY BENEFICIARY: ADDRESS: PHONE:

PRIMARY BENEFICIARY: ADDRESS: PHONE:

PRIMARY BENEFICIARY: ADDRESS: PHONE:

PRIMARY BENEFICIARY: ADDRESS: PHONE:

PRIMARY BENEFICIARY: ADDRESS: PHONE:

PRIMARY BENEFICIARY: ADDRESS: PHONE:

PRIMARY BENEFICIARY: ADDRESS: PHONE:

CONTINGENT - If none of the above survives me. For Trustee Accounts, List Names, Address, & Phone # of Executor/s Relationship to Retiree: (spouse, child, friend) Designate % (total must equal 100% between listed CONTINGENT beneficiaries) Life Insurance Plans (select alpha list above) Full Social Security No. (Social Security # will NOT be shared/submitted to outside sources) Date of Birth Mo. Day Yr.

CONTINGENT BENEFICIARY: ADDRESS: PHONE:

ADDRESS: PHONE:

CONTINGENT BENEFICIARY: ADDRESS: PHONE:

CONTINGENT BENEFICIARY: ADDRESS: PHONE:

CONTINGENT BENEFICIARY: ADDRESS: PHONE:

CONTINGENT BENEFICIARY: ADDRESS: PHONE:

CONTINGENT BENEFICIARY: ADDRESS: PHONE:

CONTINGENT BENEFICIARY: ADDRESS: PHONE: