**PLEASE RETURN THIS FORM TO LOCAL BENEFITS COORDINATOR**

FLEX
BENEFITS YOU CHOOSE

## BENEFICIARY DESIGNATION FORM

*NOTE: You only need to complete this form if you: 1) need to designate beneficiaries, or 2) need to change your current beneficiaries.*

Print or Type Your Name _____ Location Code _____ Social Security No. _____

### BENEFICIARY DESIGNATION FOR LIFE INSURANCE PLAN

### 1. Primary Beneficiary

Name (Last) _____ (First) _____ (Initial) _____ Social Security Number _____ Relationship(if any) _____

Address (Street) _____ Date of Birth _____

City _____ State _____ Zip Code _____

### 2. Secondary Beneficiaries

[1]
Name (Last) _____ (First) _____ (Initial) _____ Social Security Number _____ Relationship(if any) _____

Address (Street) _____ Date of Birth _____

City _____ State _____ Zip Code _____

[2]
Name (Last) _____ (First) _____ (Initial) _____ Social Security Number _____ Relationship(if any) _____

Address (Street) _____ Date of Birth _____

City _____ State _____ Zip Code _____

[3]
Name (Last) _____ (First) _____ (Initial) _____ Social Security Number _____ Relationship(if any) _____

Address (Street) _____ Date of Birth _____

City _____ State _____ Zip Code _____

Should my primary beneficiary precede me in death - or if the Plan Administrator cannot locate my primary beneficiary - benefits will be divided equally among my surviving secondary beneficiaries.

This beneficiary designation form replaces any others I have submitted.

Signature _____ Date _____