



# Five Colleges, Inc. Beneficiary Designation Form

<b>Employee Name (Last, First, Middle)</b>	<b>Social Security Number</b>
<b>Address (Street, City, State, ZIP Code)</b>	<b>Email Address</b>
<ul style="list-style-type: none"> <li>This beneficiary information applies to all coverages applicable to the covered employee and will replace any prior beneficiary designation.</li> <li>The primary beneficiary is the individual(s) who will receive the insurance proceeds in the event of the insured's death.</li> <li>In the event the primary beneficiary(ies) predecease(s) the insured, the contingent beneficiary(ies) will receive the insurance proceeds.</li> <li>If no beneficiary is named, or no beneficiary survives the insured, settlement will be made in accordance with the terms of the Group Contract.</li> <li>To change your beneficiaries, you must complete a new form.</li> <li>If you wish to name more beneficiaries than this form provides space for, complete your list on an additional copy of this form and attach it.</li> </ul>	

Primary Beneficiary (the total of all primary beneficiaries must equal 100%)					
<b>1.</b>	Name (Last, First, Middle)	Date of Birth	Social Security Number	Relationship	% of Benefit
	Address			Phone Number	
<b>2.</b>	Name (Last, First, Middle)	Date of Birth	Social Security Number	Relationship	% of Benefit
	Address			Phone Number	
<b>3.</b>	Name (Last, First, Middle)	Date of Birth	Social Security Number	Relationship	% of Benefit
	Address			Phone Number	
<b>TOTAL</b>					
<i>The total share of all primary beneficiaries must equal 100%.</i>					

Contingent Beneficiary (the total of all contingent beneficiaries must equal 100%)					
<b>1.</b>	Name (Last, First, Middle)	Date of Birth	Social Security Number	Relationship	% of Benefit
	Address			Phone Number	
<b>2.</b>	Name (Last, First, Middle)	Date of Birth	Social Security Number	Relationship	% of Benefit
	Address			Phone Number	
<b>3.</b>	Name (Last, First, Middle)	Date of Birth	Social Security Number	Relationship	% of Benefit
	Address			Phone Number	
<b>4.</b>	Name (Last, First, Middle)	Date of Birth	Social Security Number	Relationship	% of Benefit
	Address			Phone Number	
<b>TOTAL</b>					
<i>The total share of all primary beneficiaries must equal 100%.</i>					

Employee Signature: \_\_\_\_\_

Date: \_\_\_\_\_

*Complete this form and retain a copy for your records.*

## Remember the following when completing your Beneficiary Designation form:

- Clearly identify your beneficiary(ies), providing each beneficiary's full name, date of birth, Social Security number, address, and relationship to you.
- You can name primary and contingent beneficiaries.
  - Primary:** The primary beneficiary is the individual(s) who will receive the insurance proceeds at the time of your death.
  - Contingent:** A contingent beneficiary, or secondary beneficiary, is the individual(s) who will receive the insurance proceeds if the primary beneficiary(ies) dies before you. Naming a contingent beneficiary is important, as you may outlive the primary beneficiary or die simultaneously.
- If you name more than one primary or contingent beneficiary, make sure the beneficiary percentages add up to 100 percent for each class of beneficiary (primary and contingent).
- **Minor child:** A minor child can be named as a beneficiary, but benefits cannot be released directly to the minor child. Benefits will be paid to the court-appointed guardian of the minor child's estate (or property). Parents are not automatically the guardians of a minor's estate. A parent may need to petition a local probate court where the child lives to be named guardian of the child's estate.
- Make sure you sign and date the beneficiary designation form.
- If no beneficiary is named, or if no beneficiary survives you, settlement will be made as provided in the Group Contract.

## To assist you, here are some examples of clear beneficiary designations.

One primary and two contingent beneficiaries	One primary and three contingent beneficiaries
<p><b>Primary Beneficiary:</b> Jane Smith, spouse, 100%</p> <p><b>Contingent Beneficiaries:</b> Paul Jones, brother, 50% Mary Park, sister, 50%</p>	<p><b>Primary Beneficiary:</b> Gayle Rich, spouse, 100%</p> <p><b>Contingent Beneficiaries:</b> Teresa Rich, daughter, 40% Susan Rich, daughter, 40% Jason Rich, brother, 20%</p>