

Life Insurance Beneficiary Designation Form



The employer **must** keep this form on file.

Section 1: General information

Name of employer/group (if applicable)	Policy/Certification no.
Name of insured	Social Security no.
Name of policyholder (if different)	Social Security no.
If you live in a state with marital or community property laws, and your spouse (husband or wife) is not listed as a primary beneficiary for at least 50% of this life insurance policy, then your spouse must consent by signing below.	

Section 2: Primary Beneficiaries – Person or persons who will receive the life insurance proceeds upon your death.

Name	Date of birth (MMDDYYYY)	Social Security no.
Address	Relationship to insured	% to be paid to beneficiary
Name	Date of birth (MMDDYYYY)	Social Security no.
Address	Relationship to insured	% to be paid to beneficiary
Name	Date of birth (MMDDYYYY)	Social Security no.
Address	Relationship to insured	% to be paid to beneficiary
The total percentage of all Primary beneficiaries should add up to 100%. If no percentages are indicated, the proceeds will be divided equally. If no Primary beneficiary survives, proceeds will be paid to the Contingent beneficiary(ies) listed below. Space is provided at the bottom of page two if you wish to name additional Primary or Contingent beneficiaries.		

Section 3: Contingent Beneficiaries – Person or persons who will receive the life insurance proceeds if there is no surviving primary beneficiary.

Name	Date of birth (MMDDYYYY)	Social Security no.
Address	Relationship to insured	% to be paid to beneficiary
Name	Date of birth (MMDDYYYY)	Social Security no.
Address	Relationship to insured	% to be paid to beneficiary
Name	Date of birth (MMDDYYYY)	Social Security no.
Address	Relationship to insured	% to be paid to beneficiary

Section 4: Signatures

Signature of insured or policyowner (2 officers' signatures, with title, are required if corporate owned) X	Date of signed (MMDDYYYY)
Signature of spouse (if not designated as primary beneficiary and residence is in community property state) X	Date of signed (MMDDYYYY)

Si usted necesita ayuda en Español para entender este documento, puede solicitarlo sin ningún costo adicional llamando al número de servicio al cliente que se encuentra en este documento.

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Beneficiary designations

Definitions:

The purpose of designating beneficiaries for this policy is to tell Greater Georgia Life Insurance Company exactly how you wish the proceeds of your policy/ certificate to be paid upon your death. Therefore, please take a moment to read the examples below:

Primary Beneficiary:

Person or persons to receive the Life Insurance proceeds upon the death of the Insured. If more than one Primary Beneficiary is listed, death benefits are divided equally among all the living Primary Beneficiaries, unless otherwise stated.

Contingent Beneficiary:

Person or persons to receive the Life Insurance proceeds when the Primary Beneficiary(ies) dies before the Insured. If more than one Contingent Beneficiary is listed, death benefits are divided equally among all the living Contingent Beneficiaries, unless otherwise stated.

Examples of correct beneficiary designations:

Joe and Jane Smith – Father and Mother

George Jones – Friend

William E. Brown – Spouse

Donald C. White, Jane E. Smith, and Richard E. Beck – Children

If you choose the estate or a trust as your beneficiary, see the following example beneficiary designation:

Insured's estate: John Q. Smith – trustee under the Mary R. Smith Trust dated 01/02/2006.

Full given names of each beneficiary must be clearly stated.

Note: Insureds of group insurance may not designate their employer as beneficiary. Employees should make a copy to keep for their personal records. Employers need to keep original on file. For all Voluntary benefits, a legible copy must be sent to Greater Georgia Life Insurance Company.

Additional beneficiaries

Primary		
Name	Date of birth (MMDDYYYY)	Social Security no.
Address	Relationship to insured	% to be paid to beneficiary
Name	Date of birth (MMDDYYYY)	Social Security no.
Address	Relationship to insured	% to be paid to beneficiary
Name	Date of birth (MMDDYYYY)	Social Security no.
Address	Relationship to insured	% to be paid to beneficiary
Contingent		
Name	Date of birth (MMDDYYYY)	Social Security no.
Address	Relationship to insured	% to be paid to beneficiary
Name	Date of birth (MMDDYYYY)	Social Security no.
Address	Relationship to insured	% to be paid to beneficiary
Name	Date of birth (MMDDYYYY)	Social Security no.
Address	Relationship to insured	% to be paid to beneficiary