



Retiree Life Insurance Beneficiary Designation Form

Return to: Employee Service Center, PEB 16 ESC, P. O. Box 1551, Raleigh, NC 27602

RETIREE INFORMATION

Social Security Number		Birth Date		
Last Name	First	Middle		
Home Address				
City	State	Zip	Home Phone #	Work Phone #

BENEFICIARY DESIGNATION

This form is for Retiree Life Insurance only. Upon receipt of this form by the Employee Service Center, beneficiary designations are effective as of the date this form is signed. See reverse side for instructions.

BENEFICIARY DATA				RETIREE LIFE INSURANCE	
Social Security Number				Birth Date	
Last Name				First	Middle
Address					
City				State	Zip
Social Security Number				Birth Date	
Last Name				First	Middle
Address					
City				State	Zip
				Primary or Contingent	
				Percentage	
				Relationship to you	
				Primary or Contingent	
				Percentage	
				Relationship to you	

AUTHORIZATION

In accordance with the terms of the group insurance policies issued for the above-referenced plans, I name these persons or organizations as my beneficiaries for Retiree Life Insurance.

Retiree Signature _____
Date

If additional beneficiaries are needed or if an organization is designated, complete reverse side of form.

Retiree Life Insurance Beneficiary Designation Form (continued)

BENEFICIARY DATA			RETIREE LIFE INSURANCE	
Social Security Number	Birth Date		Primary or Contingent	Percentage
Last Name	First	Middle	Relationship to you	
Address				
City	State	Zip		
Social Security Number	Birth Date		Primary or Contingent	Percentage
Last Name	First	Middle	Relationship to you	
Address				
City	State	Zip		
Social Security Number	Birth Date		Primary or Contingent	Percentage
Last Name	First	Middle	Relationship to you	
Address				
City	State	Zip		
Organization			Primary or Contingent	Percentage

Instructions for designating beneficiaries:

- 1. You must name a primary beneficiary for Retiree Life Insurance.**
- 2. Designate whether or not each beneficiary is a primary or contingent beneficiary. A contingent beneficiary is a person named to receive the benefits if the primary beneficiary is deceased.**
- 3. If more than one primary or contingent beneficiary is named for a plan, designate the percent of benefit payable to each beneficiary. If more than one primary beneficiary is named, the percentages for the primary beneficiaries must add up to 100%. The same applies to contingent beneficiaries. You should use percentages, and not dollar amounts.**
- 4. If you make a mistake, request another form. Erasures, cross-outs and alternations can cause a delay in the payment of benefits or make the entire designation invalid.**

You can name as your beneficiary:

- **One or more individuals, including minors. If you name a minor as your beneficiary, proceeds will be held in trust until the beneficiary has reached the age of majority or may be paid to a court-appointed guardian. You cannot name a guardian for a minor as your beneficiary.**
- **Your estate.**
- **An endowment or other organization having an official who is appointed to receive and disburse funds.**
- **The administrator of your estate (not an individual).**
- **A trustee under a trust agreement.**