



**BENEFICIARY IN THE EVENT OF DEATH**

Policyholder Name (The Organization): \_\_\_\_\_

Member Last Name	First and Middle Names	Date of Birth: Month/Day/Year
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If more than one beneficiary is appointed, proceeds will be payable in equal shares, unless otherwise indicated.

**I revoke any previously appointed Primary and Contingent beneficiary(ies). I understand that policy proceeds will now be payable to:**

<b>Primary Beneficiary – If living at my death:</b>				
Last Name	First Name	Relationship to Member	Age if Under 18	% of Proceeds

<b>Contingent Beneficiary – If Primary Beneficiary pre-deceases me:</b>				
Last Name	First Name	Relationship to Member	Age if Under 18	% of Proceeds

<b>Trustee: - If a Beneficiary is under Age 18 at the time of my Death, proceeds will be held in Trust by:</b>		
Last Name	First Name	Relationship to Member

<b>To Be Completed by Policyholder:</b>		
Insurance Company	Policy Number	

_____	_____
Date (Month/Day/Year)	Members Signature