

LIFE INSURANCE BENEFICIARY DESIGNATION FORM



Commonwealth of Massachusetts
Group Insurance Commission

Insured GIC-ID: - - - - -		Agency/Division B R C / 1 0 0 0	
Insured Name: First		M.I.	Last
Street Address			
City		State	Zip Code

YOU MUST READ INSTRUCTIONS ON BACK BEFORE COMPLETING FORM - PRINT CLEARLY IN CAPITAL LETTERS

BENEFICIARY #1				RELATIONSHIP
First Name	M.I.	Last Name	<input type="checkbox"/> Same as Insured	<input type="checkbox"/> Spouse <input type="checkbox"/> Parent <input type="checkbox"/> Child <input type="checkbox"/> Brother/Sister <input type="checkbox"/> Other, specify:
Street Address <input type="checkbox"/> Same as Insured				
City	State	Zip Code	Country (if not U.S.A.)	% OF PROCEEDS (Do Not Put \$ Amount)

BENEFICIARY #2				RELATIONSHIP
First Name	M.I.	Last Name	<input type="checkbox"/> Same as Insured	<input type="checkbox"/> Spouse <input type="checkbox"/> Parent <input type="checkbox"/> Child <input type="checkbox"/> Brother/Sister <input type="checkbox"/> Other, specify:
Street Address <input type="checkbox"/> Same as Insured				
City	State	Zip Code	Country (if not U.S.A.)	% OF PROCEEDS (Do Not Put \$ Amount)

BENEFICIARY #3				RELATIONSHIP
First Name	M.I.	Last Name	<input type="checkbox"/> Same as Insured	<input type="checkbox"/> Spouse <input type="checkbox"/> Parent <input type="checkbox"/> Child <input type="checkbox"/> Brother/Sister <input type="checkbox"/> Other, specify:
Street Address <input type="checkbox"/> Same as Insured				
City	State	Zip Code	Country (if not U.S.A.)	% OF PROCEEDS (Do Not Put \$ Amount)

I hereby make the above designation of beneficiary revoking any and all previous beneficiary nominations and make the above nomination of beneficiary with respect to all insurance provided now or at any time in the future under the group insurance policy(ies). I still reserve the privilege of making other and future changes subject to the policy provisions.

If more than one beneficiary is designated, settlement will be made in equal shares to such of the designated beneficiary(ies) as survive me, unless otherwise provided herein. If no designated beneficiary(ies) survive me, settlement will be made as provided in the policy in the following order; to the spouse, then to the children, then to the parents, then to the siblings, then to the estate.

Signature of Insured

Date

PLEASE MAKE A COPY OF THIS COMPLETED FORM AND FILE WITH YOUR IMPORTANT RECORDS AND PAPERS.

FOR GIC USE ONLY

Please return to address shown on reverse side.

Commonwealth of Massachusetts ■ Group Insurance Commission
P.O. Box 8747 ■ Boston, MA 02114-8747

PLEASE READ ALL INSTRUCTIONS AND EXAMPLES CAREFULLY BEFORE COMPLETING THIS FORM.

INSTRUCTIONS

- Please print all beneficiary information clearly in capital letters on the lines provided, indicating your beneficiary's name, relationship, address and the percentage of proceeds to be paid to each beneficiary. Incomplete forms will be returned. Refer to the samples illustrated to the right to assist you in the completion of your form.
- If you do not provide a percentage of proceeds for your beneficiaries, the proceeds will be divided equally among all listed beneficiaries. If you provide a percentage for some but not all of the listed beneficiaries, your form will be returned to you to complete. **DO NOT PUT A DOLLAR AMOUNT IN THE "% of Proceeds" BOX.**
- Use this form to designate up to three beneficiaries. If you wish to list more than three beneficiaries, **DO NOT** use this form. Instead, you must obtain a Nomination of Beneficiary form (G-500) from the GIC Coordinator at your worksite and use that form to list all your beneficiaries. If you are a retiree and need a G-500, please call (617) 727-2310 Ext. 1.
- If you list beneficiaries who have the same last name as you, **DO NOT** write their last name. Instead, simply mark an "X" in the "Same as Insured" box for each beneficiary who has the same last name as yours.
- If you list beneficiaries who live at the same address as you, **DO NOT** write in their address. Instead, simply mark an "X" in the "Same as Insured" box for each beneficiary who lives at your address.
- Please sign and date the form clearly, in ink, where indicated. Keep a copy of the completed form with your important papers.
- Please return this completed form to the Group Insurance Commission.

BENEFICIARY #1				RELATIONSHIP
First Name JOHN	M.I. Q	Last Name SMITH	<input type="checkbox"/> Same as Insured	<input type="checkbox"/> Spouse <input type="checkbox"/> Parent <input type="checkbox"/> Child <input type="checkbox"/> Brother/Sister <input type="checkbox"/> Other, specify
Street Address <input type="checkbox"/> Same as Insured 100 YOUR STREET RD				% of Proceeds* 100%
City YOURTOWN	State MA	Zip Code 01234	Country (if not U.S.A.)	
BENEFICIARY #2				RELATIONSHIP
First Name	M.I.	Last Name	<input type="checkbox"/> Same as Insured	<input type="checkbox"/> Spouse <input type="checkbox"/> Parent <input type="checkbox"/> Child <input type="checkbox"/> Brother/Sister <input type="checkbox"/> Other, specify
Street Address <input type="checkbox"/> Same as Insured				% of Proceeds*
City	State	Zip Code	Country (if not U.S.A.)	
BENEFICIARY #3				RELATIONSHIP
First Name	M.I.	Last Name	<input type="checkbox"/> Same as Insured	<input type="checkbox"/> Spouse <input type="checkbox"/> Parent <input type="checkbox"/> Child <input type="checkbox"/> Brother/Sister <input type="checkbox"/> Other, specify
Street Address <input type="checkbox"/> Same as Insured				% of Proceeds*
City	State	Zip Code	Country (if not U.S.A.)	

BENEFICIARY #1				RELATIONSHIP
First Name BETH	M.I.	Last Name L JONES	<input type="checkbox"/> Same as Insured	<input type="checkbox"/> Spouse <input type="checkbox"/> Parent <input type="checkbox"/> Child <input type="checkbox"/> Brother/Sister <input type="checkbox"/> Other, specify
Street Address <input type="checkbox"/> Same as Insured 25 MAIN ST				% of Proceeds* 50%
City YOURTOWN	State MA	Zip Code 56789	Country (if not U.S.A.)	
BENEFICIARY #2				RELATIONSHIP
First Name MATTHEW	M.I.	Last Name J	<input checked="" type="checkbox"/> Same as Insured	<input type="checkbox"/> Spouse <input type="checkbox"/> Parent <input checked="" type="checkbox"/> Child <input type="checkbox"/> Brother/Sister <input type="checkbox"/> Other, specify
Street Address <input type="checkbox"/> Same as Insured 42 CENTER AVE				% of Proceeds* 50%
City YOURTOWN	State MA	Zip Code 56789	Country (if not U.S.A.)	
BENEFICIARY #3				RELATIONSHIP
First Name	M.I.	Last Name	<input type="checkbox"/> Same as Insured	<input type="checkbox"/> Spouse <input type="checkbox"/> Parent <input type="checkbox"/> Child <input type="checkbox"/> Brother/Sister <input type="checkbox"/> Other, specify
Street Address <input type="checkbox"/> Same as Insured				% of Proceeds*
City	State	Zip Code	Country (if not U.S.A.)	

- If you list two or more beneficiaries with a specific percentage designated to each, proceeds will be paid as you designated. If one of the beneficiaries dies before you, proceeds will be paid to the remaining beneficiary(ies).
- If you list more than one beneficiary and indicate 100% for each one, this means that when you die, the first beneficiary will receive 100% of the proceeds. However, if the first beneficiary dies before you, the second designated beneficiary will receive 100% of the proceeds. If the second beneficiary also dies before you, your third beneficiary will receive 100% of the payment.
- If all designated beneficiaries die before you, payment will be made according to the terms of your life insurance policies in effect at the time of your death.

PLEASE COMPLETE FORM ON THE OTHER SIDE.