

# SEWANHAKA FEDERATION OF TEACHERS

## LIFE INSURANCE Designation of Beneficiary

Members Name: \_\_\_\_\_ Address: \_\_\_\_\_

School/Department: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Subject to the terms of the Group Contract, I request that the following beneficiary (ies) be substituted under said contract as my designated beneficiary (ies), in lieu of any and all beneficiaries previously named by me:

### Primary Beneficiary Designations

Full Name (Last, First, Middle Initial)	Relationship	Date of Birth	Address (Street, City, State, ZIP)	Share%
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
Percentage Total:				<input type="text" value="100%"/>

### Contingent Beneficiary Designations

Full Name (Last, First, Middle Initial)	Relationship	Date of Birth	Address (Street, City, State, ZIP)	Share%
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
Percentage Total:				<input type="text" value="100%"/>

If more than one beneficiary is designated, settlement will be made in equal shares to such of the designated beneficiaries as survive the Insured, unless otherwise provided herein. If no beneficiary survives the insured, settlement will be made to the estate of the insured, unless otherwise provided in the Group Plan.

X  
\_\_\_\_\_  
Insured's Signature

\_\_\_\_\_  
Date

FOR OFFICE USE ONLY

\_\_\_\_\_  
Recvd by

\_\_\_\_\_  
Date