



BENEFICIARY DESIGNATION FORM INSTRUCTIONS

You must select your beneficiary- the person(s) or legal entity(ies) who receives a benefit payment if you die while covered by the plans. You should also name a contingent beneficiary(ies) who would receive the benefit if your primary beneficiary dies first.

The completion of this Beneficiary Form will revoke any previous beneficiary designation(s), if any, for your group term life insurance and/or accidental death and dismemberment (AD&D) insurance issued to this group/employer.

Please make sure your beneficiary designation is clear (include the full name, social security number, contact information and relationship to you) so there will be no question as to your designation and to help expedite the claim process by making it easier to locate and verify beneficiaries. If you name more than one primary or contingent beneficiary, show the percentage to be paid to each beneficiary in whole numbers that total 100%. If your beneficiary is not related by either blood or marriage, insert the words, "Not Related" as their relationship.

Minors - While you may designate minors as beneficiaries, please note that claim payments may be delayed due to special issues raised by these designations. In the event of a claim and the beneficiary is a minor child, the insurance proceeds will not be released to the minor child. The insurance proceeds may be paid to a duly appointed guardian of the child's estate. You may want to obtain the assistance of an attorney in drafting your beneficiary designation.

Trust as Beneficiary - You may designate a trust as beneficiary, using the following form: "To [name of trustee], trustee of the [name of trust], under a trust agreement dated [date of trust]."

If you wish to designate a testamentary trust as beneficiary (i.e., one created by will), you should recognize the possibility that your will which was intended to create this trust may not be admitted to probate (because it is lost, contested, or superseded by a later will). Claim payment delays can result if the beneficiary designation doesn't provide for this situation.

Life Status Changes - We recommend that you review your beneficiary designation when significant life status events occur, such as marriage, divorce, or birth of a child.

See an Attorney! The above guidelines are general and are not intended to be relied on as legal advice. Unless your designation is a simple one, we recommend that you obtain the assistance of an attorney in drafting your beneficiary designation. A qualified attorney can help assure that your beneficiary designation correctly reflects your intentions, is clear and unambiguous, and meets legal requirements.

A beneficiary for employee Life Insurance may be changed at any time by completing a new Beneficiary Designation Form.

Please note that in no event may a beneficiary be changed by a Power of Attorney (POA).

If additional space is required, write "See Attached", on the beneficiary line on the beneficiary designation form and attach a separate sheet, listing all the required beneficiary information for each beneficiary listed. **This separate sheet should be signed by you (the Employee) and dated.**



BENEFICIARY DESIGNATION FORM

Initial Beneficiary Designation OR Change of all prior beneficiary designation(s) (check only one box), I hereby revoke any previous beneficiary designation(s), if any, for my group term life insurance and/or accidental death and dismemberment (AD&D) insurance issued to this group or employer and direct that the insurance proceeds payable under the policy be paid as indicated below.

Policy Holder/Employer: Town of Marana	Policy(ies): Basic Life, Buy Up and AD&D: #761263	
Employee Name:	Employee ID:	Social Security Number: XXX – XX - _____
Employee Address (street, city, state, zip):		Telephone Number: ()

NAMING YOUR GROUP LIFE BENEFICIARY

It is important that your beneficiary designation(s) are clear so there is no question as to your intent. It is also important that you name a primary and contingent beneficiary in the event there are no surviving primary designations. Benefits payable for a Dependent's death are payable, where applicable, to You if living, otherwise the payment may be designated to Your surviving spouse or the executors or administrators of Your estate.

PRIMARY BENEFICIARY(IES) *Please indicate percentages in whole numbers and total must equal 100%*

Name:	Relationship:	Social Security #	Date of Birth	Benefit %
Address:			Phone:	

Name:	Relationship:	Social Security #	Date of Birth	Benefit %
Address:			Phone:	

Name:	Relationship:	Social Security #	Date of Birth	Benefit %
Address:			Phone:	

CONTINGENT BENEFICIARY(IES) *Please indicate percentages in whole numbers and total must equal 100%*

Name:	Relationship:	Social Security #	Date of Birth	Benefit %
Address:			Phone:	

Name:	Relationship:	Social Security #	Date of Birth	Benefit %
Address:			Phone:	

Spousal Consent for Community Property States: Arizona is a community property state. If you name someone other than your spouse as beneficiary, it is possible that payment of benefits may be delayed or disputed unless your spouse also signs the beneficiary designation, waiving his/her rights to any community property interest in the benefit.

This will certify that, as a spouse of the Employee named above, I hereby consent to my spouse designating the person(s) listed above as beneficiaries of group and/or accidental death insurance under the above policy and waive any rights I may have to the proceeds of such insurance under applicable community property laws. I understand that this consent and waiver supersede any prior spousal consent or waiver under this plan.

Spouse Signature _____ Date ____/____/____

I, the undersigned, reserve the right to change my beneficiary(ies) without consent of said beneficiary(ies).

Signature of Employee: _____ Date ____/____/____