

## **BENEFICIARY DESIGNATION FORM**

FIWMWR%OMERDG%OMEHOGRI FIDV DW

\$WWHQWLRQ &ODLPV 'H

'RZQHUV \*URYH ,/ INSTRUCTIONS (PLEASE PRINT, SIGN AND DATE THIS FORM IN BLACK INK) Employee/Retired Employee Name SSN Date of Birth Home Telephone Number Home Address City State Zip **Employer Group Number** UUHYRFDEOH**MQ**ILFLDU\\ Yes ‰ No RW. ,IRMOHFWUUHYRFDEOHEHQILFLDURRDRARDVARGORDRAHDILFLDUZLWRWAFRDEOHEHQILFLDUZLWRWALFRE EHQHILFLDU\ \$Q LUUHYRFDEOH EHQHILFLDU\ KDV D YHVWHG LQWHUHVW LQ W FDQQRW H[HUFLVH FHUWDLQ ULJKWV ZLWKRXW WKH SHUPLVVLRQ RI WKH LUUH **DEFINITIONS & STATEMENTS** BILPDUNHAFLDU\ PHDMAHSHURQUSHURDXKRZLOOUHFHLYHWHEHQWMAHHYHDAWH,MAHGBSHDWBRFHHGV ZLOOEHGLYLGHGLQTØOKDUHMPØVSOHSULPDUEHQFLDULHØUHQPHGØHRKHUZLMLQLFDMG,ISHUFHØHØUH OLVWHG WKH WRWDO RI WKH FRPELQDWLRQ PXVW HTXDO &RQWLQJHQW %HQHÀFLDU\ PHDQV WKH SHUVRQ RU SHUVRQV ZKR ZLOO UHFHLYH WI WLPH RI WKH , QVXUHG < V GHDWK :LOO RU 7UXVW DV %HQHÀFLDU\ 'HVLJQDWLRQ FDQ EH GRQHTŒ/naxn& of Quist&e/KH IR QORZL WMHRIKHQPHRIVMQHUDWMWHHPHQYDHGSDHRIVMQ URZLKRGHLODHIDHDAPHDUVJAV PPWGÀOp€`À @ O •GRWH GRZLQJF•àGOp€