



BENEFICIARY DESIGNATION FORM

NAME: _____

SOCIAL SECURITY NUMBER: _____

EFFECTIVE DATE: _____

New Hires: Enter your start/hire date.

Changes: Enter effective date for your changes.

Use this form to indicate the beneficiary(ies) for your Infineum insurance benefits.

1. You MUST choose a beneficiary for participation in the Basic Group Life and Occupational AD&D plans even if you do not choose to participate in the Optional Life or Optional Accidental Death and Dismemberment (AD&D) plans.
2. If you name more than one beneficiary, please designate the order in which the beneficiaries are to be considered. **For example**, if your primary beneficiary dies before you, who would the secondary beneficiary be?
3. If you want to name the same beneficiary(ies) for all of the plans in which you are enrolled, complete the Basic Group Life Insurance section and check where indicated. No further entries are necessary.
4. You may name different beneficiaries for the different plans. If you need more room, please make a copy of this form.
5. If you want the benefit payment to be divided among more than one primary or secondary beneficiary, please note the percentage to be paid to each. **For example**, if you choose two primary beneficiaries and one secondary, each primary must be 50% and your secondary 100%. If percentages are not designated, payments are divided equally among the beneficiaries you name.
6. Be sure to sign and date this form.

If the beneficiary is:

1. An Estate – We require the Letters Testamentary or Letters of Administration appointing the personal representative of the estate.
2. A Trust – We require a copy of the following pages of the Trust – Face page of Trust, Trustee or Successor Trustee designation and Signature page of Trust.
3. A Minor – **According to state law, a minor lacks capacity to sign a binding release of an insurance contract. For this reason, life insurance benefits are not directly payable to a minor beneficiary (under age 18).** The following are options available when the beneficiary is a minor:
 - UTMA (Uniform Transfer to Minors Act) – UTMA payment may be utilized providing that the benefit amount including interest is under the amount allowed for the minor beneficiary's state of residence.
 - Guardianship papers – The minor's custodian may obtain formal guardianship papers for the minor's estate. These legal guardianship documents must be obtained prior to the release of the benefit.

It is recommended you speak with a tax advisor or an attorney first if you would like to use either option and name a beneficiary under 18.

If the beneficiary has predeceased the insured and no contingent beneficiary is named or the insured did not name a beneficiary:

1. Payment of the life insurance benefits will be paid in order as specified in the policy provisions of the contract.
2. The surviving heir must complete an Affidavit of Preferential Beneficiary Designation Form, which must be notarized.

Basic Group Life Insurance (You Must Designate a Beneficiary)					
NAME OF BENEFICIARY (LAST, FIRST, MIDDLE)	SOCIAL SECURITY NUMBER	DATE OF BIRTH (mm/dd/yyyy)	RELATIONSHIP (SPOUSE, DOMESTIC PARTNER, CHILD, OTHER)	PRIMARY / SECONDARY (designations must total 100%)	%

Please indicate if you would like the above beneficiary elections to be effective for all your insurance plans: YES NO
 If you selected YES, you do not need to fill out the rest of this form. Just sign and date at the end of this form.
 If you selected NO, please designate beneficiary(ies) below.

Occupational AD&D Insurance (You Must Designate a Beneficiary)					
NAME OF BENEFICIARY (LAST, FIRST, MIDDLE)	SOCIAL SECURITY NUMBER	DATE OF BIRTH (mm/dd/yyyy)	RELATIONSHIP (SPOUSE, DOMESTIC PARTNER, CHILD, OTHER)	PRIMARY / SECONDARY (designations must total 100%)	%

Optional Life Insurance (Complete ONLY if you elected OPTIONAL coverage)					
NAME OF BENEFICIARY (LAST, FIRST, MIDDLE)	SOCIAL SECURITY NUMBER	DATE OF BIRTH (mm/dd/yyyy)	RELATIONSHIP (SPOUSE, DOMESTIC PARTNER, CHILD, OTHER)	PRIMARY / SECONDARY (designations must total 100%)	%

Optional AD&D Insurance (Complete ONLY if you elected OPTIONAL coverage)					
NAME OF BENEFICIARY (LAST, FIRST, MIDDLE)	SOCIAL SECURITY NUMBER	DATE OF BIRTH (mm/dd/yyyy)	RELATIONSHIP (SPOUSE, DOMESTIC PARTNER, CHILD, OTHER)	PRIMARY / SECONDARY (designations must total 100%)	%

AUTHORIZATION
 I authorize payment of my Infineum Benefits to the beneficiary(ies) I have indicated above. The beneficiary information provided on this form supersedes any previously completed beneficiary forms.

Colleague Signature _____ Date _____

Please retain a copy for your records and submit to Human Resources
 PRIVATE & CONFIDENTIAL – INFINEUM USA