Beneficiary Designation Form

Instructions for Completing a Beneficiary Designation

NOTE: Insured cannot designate a dollar amount of designation on this form.

1. ***You must choose one or more Primary Beneficiaries.*** The Primary Beneficiary(ies) will receive insurance proceeds in the event of your death. If you do not indicate a "Percent of Benefit," the proceeds will be divided equally among your chosen Primary Beneficiaries. If you select only one Primary Beneficiary, that Beneficiary will receive 100% of the proceeds. If you name more than one beneficiary with unequal shares, please show the percent of insurance to be paid to each beneficiary, for example, "40% to Mary Jones, Mother; 30% to Edith Jones, Wife and 30% to Donna Jones, Daughter." **Please note that all percentages must total 100%.**

2. You may name your estate as a beneficiary. Hartford Life cannot make payment to your estate until it receives a certified copy of the estate papers, identifying the Executor of your estate.

3. **A Contingent Beneficiary** is a beneficiary who receives the insurance proceeds in the event that all of your Primary Beneficiaries have pre-deceased you, i.e., they have died at or before the date of your death. If one or more but not all of your Primary Beneficiaries have died on or before your date of death, the surviving beneficiary(ies) receive 100% of the proceeds of your insurance.

4. If you make a change on this form (cross-outs, overwrites, etc.), please initial and date the changes before submitting the form.

5. If you need to list additional beneficiaries, make a copy of this form and indicate on the top of the form(s) that you are choosing additional beneficiaries.

Clear Form

BENEFICIARY DESIGNATION

☐ Initial Beneficiary Designation(s) 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.

Insured Name	Social Security Number
Insured Address	Telephone Number ( )
Policyholder	Policy Number

NAMING THE BENEFICIARY

It is important that your beneficiary designation be clear so that there will be no question as to your intent. It is also important that you name a primary and contingent beneficiary. When naming your beneficiary(ies), please indicate their full name, address, social security number, and relationship. If the beneficiary is not related either by blood or marriage, insert the words, "Not Related." On the reverse side of this form you will find examples of common beneficiary designations. **NOTE: If designating more than one beneficiary, total should not exceed 100%.**

PRIMARY BENEFICIARY(IES)

Name: _____ Date of Birth _____

Address: _____

Social Security Number: _____ Relationship: _____ Benefit Percent: _____

Name: _____ Date of Birth _____

Address: _____

Social Security Number: _____ Relationship: _____ Benefit Percent: _____

CONTINGENT BENEFICIARY(IES)

Name: _____ Date of Birth _____

Address: _____

Social Security Number: _____ Relationship: _____ Benefit Percent: _____

Name: _____ Date of Birth _____

Address: _____

Social Security Number: _____ Relationship: _____ Benefit Percent: _____

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

Signature of Insured _____ Date _____

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Address: _____

Social Security Number: _____ Relationship: _____ Benefit Percent: _____

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CONTINGENT BENEFICIARY(IES)

Name: _____ Date of Birth _____

Address: _____

Social Security Number: _____ Relationship: _____ Benefit Percent: _____

Name: _____ Date of Birth _____

Address: _____

Social Security Number: _____ Relationship: _____ Benefit Percent: _____

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