



# Red Clay Consolidated School District

## Designation of Beneficiary Form

### Account Information

<b>Policyholder</b>	Red Clay Consolidated School District	<b>Policy No.</b>	GL 140457
<b>Employee Name:</b>		<b>DOB:</b>	
<b>SSN:</b>		<b>EMPLID#:</b>	

### Declaration

**Please Note:** If no percentages are indicated, benefits will be divided equally between all primary beneficiaries or contingent beneficiaries. Total percentage share must equal %100.

PRIMARY BENEFICIARY(IES)- I hereby designate the person (s) or entity (ies) named below as primary beneficiary(ies) under the above policy number:

#### PRIMARY BENEFICIARY(IES)

Full Name	Relationship	SSN/TIN	DOB	Address	Share %

CONTINGENT BENEFICIARY(IES)-If there are no primary beneficiary(ies) living at the time of my death, I hereby specify that the balance be distributed to the contingent beneficiary(ies).

#### CONTINGENT BENEFICIARY(IES)

Full Name	Relationship	SSN/TIN	DOB	Address	Share %

I understand this beneficiary designation revokes all revocable prior beneficiary designations. Unless otherwise indicated, if any beneficiary predeceases me, that beneficiary's share will be divided prorata among the surviving beneficiaries of the same class (primary or contingent). If no beneficiary, primary or contingent, survives me payment will be distributed pursuant the terms of the applicable ploicy.

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_