



ZURICH®

Beneficiary Designation/Change Form

Zurich American Insurance Company
1299 Zurich Way
Schaumburg, Illinois 60196

POLICYHOLDER INFORMATION	
Name of Policyholder: SAN BERNARDINO CITY UNIFIED SCHOOL DISTRICT	Policy Number: GTU 5091217

INSURED INFORMATION			
Full Legal Name (First, Middle Initial and Last):		Last 4 Digits of SSN: XXX-XX-	
Mailing Address:	City:	State:	Zip Code:
Date of Birth (MM/DD/YYYY):	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Domestic or Civil Union Partner	
Email Address:	Home Phone: - -	Work Phone: - -	Cell Phone: - -

BENEFICIARY INFORMATION (Please check one: <input type="checkbox"/> Designate a Beneficiary OR <input type="checkbox"/> Change of Beneficiary Designation)
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It is important that your beneficiary designation be clear so that there will be no question as to your intent. If you wish to name more than 2 primary or 4 contingent beneficiaries, please attach a separate sheet of paper and include all the information requested. **NOTE: If designating more than one beneficiary, the total % of share should not exceed 100%.**

Primary Beneficiary(ies):			
% Share:	Relationship: <input type="checkbox"/> Spouse <input type="checkbox"/> Non-Spouse Individual <input type="checkbox"/> Trust <input type="checkbox"/> Estate <input type="checkbox"/> Charity or Other Entity	SSN/Tax ID:	
Name (If an Individual, include First, Middle Initial and Last):		Date of Birth/Trust (MM/DD/YYYY):	
Street Address:	City:	State:	Zip Code:
% Share:	Relationship: <input type="checkbox"/> Spouse <input type="checkbox"/> Non-Spouse Individual <input type="checkbox"/> Trust <input type="checkbox"/> Estate <input type="checkbox"/> Charity or Other Entity	SSN/Tax ID:	
Name (If an Individual, include First, Middle Initial and Last):		Date of Birth/Trust (MM/DD/YYYY):	
Street Address:	City:	State:	Zip Code:

Contingent Beneficiary(ies):			
% Share:	Relationship: <input type="checkbox"/> Spouse <input type="checkbox"/> Non-Spouse Individual <input type="checkbox"/> Trust <input type="checkbox"/> Estate <input type="checkbox"/> Charity or Other Entity	SSN/Tax ID:	
Name (If an Individual, include First, Middle Initial and Last):		Date of Birth/Trust (MM/DD/YYYY):	
Street Address:	City:	State:	Zip Code:
% Share:	Relationship: <input type="checkbox"/> Spouse <input type="checkbox"/> Non-Spouse Individual <input type="checkbox"/> Trust <input type="checkbox"/> Estate <input type="checkbox"/> Charity or Other Entity	SSN/Tax ID:	
Name ((If an Individual, include First, Middle Initial and Last):		Date of Birth/Trust (MM/DD/YYYY):	

Street Address:		City:	State:	Zip Code:
% Share:	Relationship: <input type="checkbox"/> Spouse <input type="checkbox"/> Non-Spouse Individual <input type="checkbox"/> Trust <input type="checkbox"/> Estate <input type="checkbox"/> Charity or Other Entity			SSN/Tax ID:
Name (If an Individual, include First, Middle Initial and Last):			Date of Birth/Trust (MM/DD/YYYY):	
Street Address:		City:	State:	Zip Code:
% Share:	Relationship: <input type="checkbox"/> Spouse <input type="checkbox"/> Non-Spouse Individual <input type="checkbox"/> Trust <input type="checkbox"/> Estate <input type="checkbox"/> Charity or Other Entity			SSN/Tax ID:
Name (If an Individual, include First, Middle Initial and Last):			Date of Birth/Trust (MM/DD/YYYY):	
Street Address:		City:	State:	Zip Code:
If more than one primary and/or contingent Beneficiary is designated and no percentage has been designated, settlement will be made in equal shares to such of the designated beneficiaries as survive the Insured, unless otherwise provided herein. If no designated beneficiary survives the Insured, settlement will be made to the Insured's estate, unless otherwise provided in the Accident Policy.				

INSURED AUTHORIZATION	
I hereby revoke any previous beneficiary designation(s), if any, for my accident insurance policy and direct that the insurance proceeds payable under the policy be paid as indicated above.	
If I live in a state with community property statutes and do not designate my spouse as the sole primary beneficiary, I represent and warrant that my spouse has consented to such designation.	
Insured's Signature:	Date (MM/DD/YYYY):