

# Life Insurance Beneficiary Designation Form

# Anthem<sup>®</sup>Life

THE EMPLOYER **MUST** KEEP THIS FORM ON FILE.

Name of employer/group (if applicable)	Policy/certification no.
Name of insured	Social security no.
Name of policyowner (if different)	Social security no.

If you reside in a state with Marital or Community Property Laws, spousal consent is required if your spouse is not listed as a Primary Beneficiary for at least 50%.

**PRIMARY BENEFICIARY(IES):** Person or persons who will receive the life insurance proceeds upon your death.

Name	Date of birth	Social security no.
Address	Relationship to insured	% to be paid to beneficiary
Name	Date of birth	Social security no.
Address	Relationship to insured	% to be paid to beneficiary
Name	Date of birth	Social security no.
Address	Relationship to insured	% to be paid to beneficiary

Total percentages should add up to 100%. If no percentages are indicated, the proceeds will be divided equally. If no Primary beneficiary survives, proceeds will be paid to the Contingent beneficiary(ies) listed below. Space is provided at the bottom of the page if you wish to name additional Primary or Contingent beneficiaries.

**CONTINGENT BENEFICIARY(IES):** Person or persons who will receive the life insurance proceeds if there is no surviving primary beneficiary.

Name	Date of birth	Social security no.
Address	Relationship to insured	% to be paid to beneficiary
Name	Date of birth	Social security no.
Address	Relationship to insured	% to be paid to beneficiary
Name	Date of birth	Social security no.
Address	Relationship to insured	% to be paid to beneficiary

Signature of insured or policyowner (2 officers' signatures, with title, are required if corporate owned)	Date signed (MM/DD/YYYY)
<b>X</b>	
Signature of spouse (if not designated as primary beneficiary and residence is in community property state)	Date signed (MM/DD/YYYY)
<b>X</b>	

Si usted necesita ayuda en Español para entender este documento, puede solicitarlo sin ningún costo adicional llamando al número de servicio al cliente que se encuentra en este documento.

**Life Insurance  
Beneficiary Designation Form - continued**

THE EMPLOYER **MUST** KEEP THIS FORM ON FILE.

**BENEFICIARY DESIGNATIONS**

**DEFINITIONS:**

The purpose of designating beneficiaries for this policy is to instruct Anthem Life Insurance Company (Anthem Life) exactly how you wish the proceeds of your policy/certificate to be paid upon your death. Therefore, please take a moment to read the examples below:

**PRIMARY BENEFICIARY:**

Person or persons to receive the Life Insurance proceeds upon the death of the Insured. If multiple Primary Beneficiaries are listed, death benefits are divided equally among all the living Primary Beneficiaries, unless otherwise stated.

**CONTINGENT BENEFICIARY:**

Person or persons to receive the Life Insurance proceeds when the Primary Beneficiary(ies) dies before the Insured. If multiple Contingent Beneficiaries are listed, death benefits are divided equally among all the living Contingent Beneficiaries, unless otherwise stated.

**EXAMPLES OF CORRECT BENEFICIARY DESIGNATIONS:**

Joe and Jane Smith – Father and Mother  
William E. Brown – Spouse

George Jones – Friend  
Donald C. White, Jane E. Smith, and Richard E. Beck – Children

If you choose the estate or a trust as beneficiary, see the following example beneficiary designation:

Insured's Estate: John Q. Smith – trustee under the Mary R. Smith Trust dated 01/02/2006.

Full given names of each beneficiary must be clearly stated.

**NOTE: INSUREDS OF GROUP INSURANCE MAY *NOT* DESIGNATE THEIR EMPLOYER AS BENEFICIARY.** Employees should make a copy to keep for their personal record. Employers need to keep original on file. For All Voluntary benefits, a legible copy *must* be sent to Anthem Life.

**ADDITIONAL BENEFICIARY(IES)**

**PRIMARY**

<b>Name</b>	<b>Date of birth</b>	<b>Social security no.</b>
<b>Address</b>	<b>Relationship to insured</b>	<b>% to be paid to beneficiary</b>
<b>Name</b>	<b>Date of birth</b>	<b>Social security no.</b>
<b>Address</b>	<b>Relationship to insured</b>	<b>% to be paid to beneficiary</b>
<b>Name</b>	<b>Date of birth</b>	<b>Social security no.</b>
<b>Address</b>	<b>Relationship to insured</b>	<b>% to be paid to beneficiary</b>

**CONTINGENT**

<b>Name</b>	<b>Date of birth</b>	<b>Social security no.</b>
<b>Address</b>	<b>Relationship to insured</b>	<b>% to be paid to beneficiary</b>
<b>Name</b>	<b>Date of birth</b>	<b>Social security no.</b>
<b>Address</b>	<b>Relationship to insured</b>	<b>% to be paid to beneficiary</b>



## DESIGNATION OF DEATH BENEFICIARY(IES) PRE-RETIREMENT

- STEP 1** – To designate one or more primary beneficiary(ies), complete Section I.
- STEP 2** – To designate one or more contingent beneficiary(ies), who will receive the death benefit if the primary beneficiary(ies) is deceased at the time of the member's death before retirement, complete Section II.
- STEP 3** – Section III must include the member's signature, acknowledged in the presence of a Notary Public or Justice of the Peace. This form must be completed and filed with the New Hampshire Retirement System (NHRS) at the address noted above for this beneficiary designation to take effect. Members should retain a copy of this form for their records.
- NOTE** – If the member designates a trust as a beneficiary in Section I or II, the designation must provide the name and address of the trustee(s). In addition, a *Death Benefits Designation of a Trust as Beneficiary* form must also be completed.

(See reverse side for more information before completing this form.)

SECTION I – DESIGNATION OF PRIMARY BENEFICIARY(IES)					
I designate the following person(s), estate, or trust as my primary beneficiary(ies). To designate additional primary beneficiaries, initial here _____ and attach signed supplemental information to this form. The sum of the distribution percentages must equal 100%.					
Primary Beneficiary's Name	Distribution Percentage	Primary Beneficiary's Address	Primary Beneficiary's Social Security #	Primary Beneficiary's Date of Birth	Relationship to Member
1.	%				
2.	%				
3.	%				
4.	%				

SECTION II – DESIGNATION OF CONTINGENT BENEFICIARY(IES)					
I designate the following person(s), estate, or trust as my contingent beneficiary(ies). To designate additional contingent beneficiaries, initial here _____ and attach signed supplemental information to this form. The sum of the distribution percentages must equal 100%.					
Contingent Beneficiary's Name	Distribution Percentage	Contingent Beneficiary's Address	Contingent Beneficiary's Social Security #	Contingent Beneficiary's Date of Birth	Relationship to Member
1.	%				
2.	%				
3.	%				

SECTION III – MEMBER'S SIGNATURE AND ACKNOWLEDGMENT					
This designation of the above named beneficiary(ies) revokes any and all prior NHRS <i>Designation of Death Beneficiary(ies) (Pre-Retirement) (D-NHRS-2)</i> forms. I have read and understand the information on both sides of this form.					
Member's Name _____		Member's Address _____			
Member's Signature _____		Date _____ / _____ / _____		Social Security # _____ - _____ - _____	
		Month      Day      Year			
State of _____			County of _____		
The foregoing instrument was acknowledged before me this _____ Date by _____ Member's Name					
_____ Signature of Person Taking Acknowledgment		_____ Title (Notary Public or Justice of the Peace)		_____ Expiration Date <i>Affix Seal</i>	

The New Hampshire Retirement System (NHRS) is governed by New Hampshire RSA 100-A, rules, regulations, and Federal laws including the Internal Revenue Code. NHRS also implements policies adopted by the Board of Trustees. These laws, rules, regulations, and policies are subject to change. Even though the goal of NHRS is to provide information that is current, correct, and complete, NHRS does not make any representation or warranty as to the current applicability, accuracy, or completeness of any information provided. The information herein is intended to provide general information only, and should not be construed as a legal opinion or as legal advice. Members are encouraged to address specific questions regarding NHRS with an NHRS representative. In the event of any conflict between the information herein and the laws, rules, and regulations which govern NHRS, the laws, rules, and regulations shall prevail.