

CHANGE OF BENEFICIARY DESIGNATION

Please attach to original enrollment form

POLICY # 01 015405

EMPLOYER/POLIC HOLDER NAME: TOWN OF WESTERLY GENERAL GOVERNMENT AND SCHOOL DEPT.

EMPLOYEE INFORMATION:

NAME	PHONE NUMBER
STREET ADDRESS	CITY
STATE	ZIP CODE

PRIMARY BENEFICIARY(IES):

NAME	DATE OF BIRTH
ADDRESS	
RELATIONSHIP	BENEFIT PERCENT
NAME	DATE OF BIRTH
ADDRESS	
RELATIONSHIP	BENEFIT PERCENT

CONTINGENT BENEFICIARY(IES):

NAME	DATE OF BIRTH
ADDRESS	
RELATIONSHIP	BENEFIT PERCENT
NAME	DATE OF BIRTH
ADDRESS	
RELATIONSHIP	BENEFIT PERCENT

Definitions:

Primary Beneficiary: The person or persons you want to receive the life insurance benefit if you die. If more than one primary beneficiary has been named, and the specific percentage has not been designated, then each will receive an equal share of the benefit.

Contingent Beneficiary: The person or persons you want to receive the life insurance benefit if you die and if no primary beneficiary is alive on that date. If more than one contingent beneficiary has been named, and the specific percentage has not been designated, then each will receive an equal share of the benefit.

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

EMPLOYEE SIGNATURE

DATE SIGNED

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