

Retiree Life Insurance Beneficiary Form

LAST NAME	FIRST NAME	MI	BIRTH DATE / /	SSN.
ADDRESS		CITY		STATE
HOME PHONE	CELL PHONE	EMAIL		

BASIC LIFE: BENEFICIARY DESIGNATION (COMPLETE SECTION 1A. OR 1B.)

SECTION 1a: Sequentially (in order named)

PRIMARY BENEFICIARY	RELATIONSHIP	DATE OF BIRTH _ / _ / _	SSN	
ADDRESS:				CONTACT NUMBER:
FIRST CONTINGENT BENEFICIARY	RELATIONSHIP	DATE OF BIRTH _ / _ / _	SSN	
ADDRESS:				CONTACT NUMBER:
SECOND CONTINGENT BENEFICIARY	RELATIONSHIP	DATE OF BIRTH _ / _ / _	SSN	
ADDRESS:				CONTACT NUMBER:

OR SECTION 1b: Jointly (benefits will be divided and payable as indicated below - percentage MUST total 100%)

PRIMARY BENEFICIARY	RELATIONSHIP	DATE OF BIRTH _ / _ / _	SSN	
ADDRESS:				CONTACT NUMBER: %
FIRST CONTINGENT BENEFICIARY	RELATIONSHIP	DATE OF BIRTH _ / _ / _	SSN	
ADDRESS:				CONTACT NUMBER: %
SECOND CONTINGENT BENEFICIARY	RELATIONSHIP	DATE OF BIRTH _ / _ / _	SSN	
ADDRESS:				CONTACT NUMBER: %

If the above does not meet your needs, attach a signed and dated listing of your designated beneficiaries.

RETIREE SIGNATURE	DATE
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NOTARY:

State of _____, County of _____. The above named person has sworn to and subscribed before me this _____ day of _____ 20_____ and is personally known _____ or produced _____ as identification.

SIGNATURE OF NOTARY PUBLIC.

PRINT, TYPE OR STAMP OF COMMISSIONED NAME OF NOTARY PUBLIC

FOR OFFICE USE ONLY

FBMC/Human Resource Representative Witness:

DATE: _____