



Group Term Life Insurance Beneficiary Designation

- This form **MUST** be signed before you return it. See "SECTION III – Signature" on page 3.

SECTION I - Insured Information

Customer Number		Plan Administrator Name	
First Name	Middle Name	Last Name	
Address – Street	City	State	ZIP Code
Date of Birth (mm/dd/yyyy)	Phone Number	SSN	
	()		

SECTION II - Beneficiary Information

- You **MUST** designate at least one primary beneficiary. **A person may only be listed once.** Anyone listed in the primary section cannot be listed in the contingent section.
- The sum of the Primary Beneficiary percentages **MUST equal 100%**. The sum of the Contingent Beneficiary percentages **MUST equal 100%**. Dollar amounts, fractions and decimals will not be accepted.
- If you need more space for additional beneficiaries, attach a separate page. Include all beneficiary information, and sign/date the page.

Please complete the section that pertains to the type of beneficiary you are designating.

☐ **A. Individual Beneficiaries**

PRIMARY BENEFICIARY - Your first choice to receive your life insurance proceeds in the event of your death. If any primary beneficiaries predecease you, that person's share will be equally divided among any remaining primary beneficiaries.

First Name	Middle Initial	Last Name		Share: %
Address – Street	City	State	ZIP Code	
Relationship to Member	Social Security Number	Date of Birth	Phone Number ()	
First Name	Middle Initial	Last Name		Share: %
Address – Street	City	State	ZIP Code	
Relationship to Member	Social Security Number	Date of Birth	Phone Number ()	
First Name	Middle Initial	Last Name		Share: %
Address – Street	City	State	ZIP Code	
Relationship to Member	Social Security Number	Date of Birth	Phone Number ()	

CONTINGENT BENEFICIARY - Your second choice to receive your life insurance proceeds if ALL of your primary beneficiary(ies) are not living at the time of your death. If any contingent beneficiaries predecease you, that person's share will be equally divided among any remaining contingent beneficiaries.

First Name		Middle Initial	Last Name		Share: %
Address – Street		City	State	ZIP Code	
Relationship to Member	Social Security Number	Date of Birth	Phone Number ()		

First Name		Middle Initial	Last Name		Share: %
Address – Street		City	State	ZIP Code	
Relationship to Member	Social Security Number	Date of Birth	Phone Number ()		

☐ **B. Living Trust** – ☐ Primary ☐ Contingent

If this form is executed by the insured, it is understood and agreed that if MetLife receives satisfactory proof that the aforesaid trust has been revoked or is not in effect at the insured's death, the beneficiary shall be the insured's Estate, unless otherwise indicated on this form.

Trust Name		Trust Date	Trustee Phone Number ()		Share: %
Trustee - First Name		Middle Initial	Last Name		
Trustee Address – Street		City	State	ZIP Code	

☐ **C. Testamentary Trust Created in the Insured's Will** – ☐ Primary ☐ Contingent

The trust(ee) under any last Will and Testament of mine as shall be admitted to probate.

					Share: %
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☐ **D. Insured's Estate** – ☐ Primary ☐ Contingent

If the Insured's Estate is selected as the Primary Beneficiary, no Contingent Beneficiary may be named.

☐ **E. Charity/Organization** – ☐ Primary ☐ Contingent

Be sure to name the charity or organization and not the charity or organization director or an employee of that charity/organization.

Charity/Organization Name		Phone Number ()		Share: %
Address – Street	City	State	ZIP Code	

SECTION III - Signature

- ☐ Check if you are completing and signing this form as agent for the member under a valid Power of Attorney. Return a copy of the Power of Attorney with this beneficiary form. The Power of Attorney paperwork is subject to review by MetLife.

I hereby revoke any previous designations, and I designate the person, people, or entity named in Section II as Beneficiary(ies). I reserve the right to change or revoke this designation at any time.

Insured/Owner Name (Please Print)

Insured/Owner Signature

Date (must be date form was completed)



How to Submit This Form

The member should provide the completed form to their plan administrator. Retain a copy for your records.

Send the completed form to the plan administrator at: Meyer and Associates, 18 Washington Ave., Chatham, NJ 07928

Please note: You MUST return all pages of this form.

GUIDELINES FOR DESIGNATING A BENEFICIARY

- The full name, address, date of birth, Social Security Number, and telephone number of each beneficiary must be listed.
- A clearly specified percentage of the benefit amount must be allocated to each individual beneficiary.
- The total percentage allocated to all primary beneficiaries must equal exactly 100 percent.

*** 3 Unequal amounts**

- If contingent beneficiaries are designated, the total percentage allocated to all contingent beneficiaries must equal exactly 100 percent.
- If both primary and contingent beneficiaries are listed, each must be clearly labeled.

*** 4 One primary and two or more contingent beneficiaries**

*** 5 Two primary and one contingent beneficiary**

- If a Trust is designated (unless it is a Testamentary Trust), the full name of the Trust, the date the trust was established, *and* the full name, address, date of birth, Social Security Number, and telephone number of the Trustee, must be listed. If the insured is the primary beneficiary, also provide this information about the co-trustee or secondary trustee.

*** 6. Trustee Beneficiary (under a trust instrument)**

- If a child is designated, a delay in awarding the benefit may occur if the child is a minor and no guardian has been appointed.

*** 7. Trustee for minor (in absence of trust instrument)**

*** Please refer to the next page for examples of Popular Beneficiary Designations.**

POPULAR BENEFICIARY DESIGNATIONS

A married woman should be designated by her first name, middle initial and last name. (For example: Mary J. Smith, not Mrs. Thomas A. Smith)

Include the address, date of birth, Social Security Number, and telephone number for each beneficiary and/or trustee.

1. One beneficiary only:

Mary J. Smith

2. Two or more beneficiaries, equal amount:

William F. Smith, Alice C. Smith and Richard B. Smith, or the survivors or survivor, in equal shares if more than one.

3. Unequal amounts:

50% to Mary J. Smith and 25% each to Alice C. Smith and Richard Smith, the share of any deceased beneficiary to be paid in equal shares to the survivors of them, or to the survivor.

4. One primary and two or more contingent beneficiaries:

Mary J. Smith, if living; otherwise Thomas F. Smith, and Linda B. Smith, or the survivors or survivor, in equal shares if more than one.

5. Two primary and one contingent beneficiary:

William F. Smith and Lynn K. Smith, equally or the survivor of them, but if neither survives, Alice C. Smith.

6. Trustee Beneficiary (under a trust instrument):

The Trust Company of Smith, Illinois as trustee under a trust instrument dated December 29, 1997. (Be sure to include the trustee's name and other identifying information noted above.)

7. Trustee for minor (in absence of trust instrument):

Thomas F. Smith, son, provided that any payment becoming due to that son during his minority will be paid to Richard B. Smith, brother of the insured as trustee, if living; otherwise the legal guardian of said son. (Be sure to include the trustee's name and other identifying information noted above.)

8. Charity

The University of Jones College Capital Fund. (Be sure to include the address of the development office.)