

# VOLUNTARY TERM LIFE Insurance Beneficiary Form

<b>EMPLOYER</b>	1. NAME	3. HIRE DATE
	2. ADDRESS (NO., STREET, CITY, STATE AND ZIP CODE)	4. PHONE NO. (    )

<b>EMPLOYEE</b>	5. NAME (LAST, FIRST, M.I.)	6. SOCIAL SECURITY NO. — — —
	7. ADDRESS (NO., STREET, CITY, STATE AND ZIP CODE)	
	8. SEX M <input type="checkbox"/> F <input type="checkbox"/>	9. BIRTHDATE / /

<b>BENEFICIARY (IES)</b>	10. BENEFICIARY(IES) NAME	RELATIONSHIP	ADDRESS	CITY	STATE	ZIP	PERCENTAGE	
								%
								%
								%
								%

total should equal 100%

NEW HIRE   
  ADDRESS CHANGE   
  NAME CHANGE   
  CHANGE OF BENEFICIARY

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_