



Contingent/Secondary Beneficiary

Contingent Beneficiary 1

Full Name (Please Print): _____ Relationship: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone Number: (_____) _____ - _____ Share of Benefit: _____%

If you wish to have more than one contingent beneficiary or a group, list those individuals below and enter the percentage of the benefit they are to receive. Attach a second form if you need more space.

Contingent Beneficiary 2

Full Name (Please Print): _____ Relationship: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone Number: (_____) _____ - _____ Share of Benefit: _____%

Contingent Beneficiary 3

Full Name (Please Print): _____ Relationship: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone Number: (_____) _____ - _____ Share of Benefit: _____%

Contingent Beneficiary 4

Full Name (Please Print): _____ Relationship: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone Number: (_____) _____ - _____ Share of Benefit: _____%

Sign here for contingent beneficiary designation.

Employee Signature: _____ **Date:** _____