

## PRIMARY BENEFICIARY DESIGNATION

(check only one box)

- Initial Beneficiary Designation(s) OR  
 Change of all prior beneficiary designation(s)

I hereby revoke any previous beneficiary designation(s), if any, for my group term life insurance and/or accidental death and dismemberment (AD&D) insurance issued to this group or employer and direct that the insurance proceeds payable under the policy be paid as indicated below.

Member Name (Enter Full Legal Member Name) \_\_\_\_\_ Social Security Number \_\_\_\_\_

Member Address \_\_\_\_\_ Telephone Number \_\_\_\_\_

Policyholder/Employer \_\_\_\_\_ Policy/Employer Number \_\_\_\_\_  
ATLANTA FEDERATION OF MUSICIANS, LOCAL 148-462 GL - 675361

### NAMING YOUR BENEFICIARY

It is important that your beneficiary designation be clear so that there will be no question as to your intent. It is also important that you name a primary and contingent beneficiary. When naming your beneficiary(ies) please indicate their full name, address, social security number, and relationship. If the beneficiary is not related either by blood or marriage, insert the words, "Not Related." If you need assistance, contact your own legal counsel, or Shellee at Local 148-462 (404-873-2033).

#### PRIMARY BENEFICIARY(IES)

Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Relationship: \_\_\_\_\_ Benefit Percent: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Relationship: \_\_\_\_\_ Benefit Percent: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Relationship: \_\_\_\_\_ Benefit Percent: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Relationship: \_\_\_\_\_ Benefit Percent: \_\_\_\_\_

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

Signature of Member \_\_\_\_\_ Date \_\_\_\_\_

## CONTINGENT BENEFICIARY DESIGNATION

(check only one box)

- Initial Beneficiary Designation(s) OR  
 Change of all prior beneficiary designation(s)

I hereby revoke any previous beneficiary designation(s), if any, for my group term life insurance and/or accidental death and dismemberment (AD&D) insurance issued to this group or employer and direct that the insurance proceeds payable under the policy be paid as indicated below.

Member Name (Enter Full Legal Member Name) \_\_\_\_\_ Social Security Number \_\_\_\_\_

Member Address \_\_\_\_\_ Telephone Number \_\_\_\_\_

Policyholder/Employer \_\_\_\_\_ Policy/Employer Number \_\_\_\_\_  
ATLANTA FEDERATION OF MUSICIANS, LOCAL 148-462 GL - 675361

### NAMING YOUR BENEFICIARY

It is important that your beneficiary designation be clear so that there will be no question as to your intent. It is also important that you name a primary and contingent beneficiary. When naming your beneficiary(ies) please indicate their full name, address, social security number, and relationship. If the beneficiary is not related either by blood or marriage, insert the words, "Not Related." If you need assistance, contact your own legal counsel, or Aleta at Local 148-462 (404-873-2033).

### CONTINGENT BENEFICIARY(IES)

Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Relationship: \_\_\_\_\_ Benefit Percent: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Relationship: \_\_\_\_\_ Benefit Percent: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Relationship: \_\_\_\_\_ Benefit Percent: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Relationship: \_\_\_\_\_ Benefit Percent: \_\_\_\_\_

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

**Signature of Member** \_\_\_\_\_ **Date** \_\_\_\_\_