

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 - 000010103828

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 Minella 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)

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| | |
|---|---|
| Member Name (<i>Enter Full Legal Member Name</i>) | Social Security Number |
| Member Address | Telephone Number |
| Policyholder/Employer ATLANTA FEDERATION OF MUSICIANS, LOCAL 148-462 | Policy/Employer Number GL - 000010103828 |

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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: _____

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Signature of Member _____ **Date** _____