

Group Term Life Insurance Beneficiary Designation

SECTION I – Insured Information				
Customer Number			Employer Name/Group Policyholder Name	
First Name		Middle Name	Last Name	
Address – Street		City	State	Zip
Date of Birth	Phone Number		SSN	

SECTION II – Beneficiary Information
<ul style="list-style-type: none"> 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.

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 Employee	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 Employee	Social Security Number		Date of Birth	Phone Number

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

SECTION III - Signature	
If you are completing and signing this form as an agent for the employee 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 name 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)