

## BENEFICIARY DESIGNATION FORM INSTRUCTIONS



You must select your beneficiary – the person (or more than one person) or legal entity (or more than one entity) who receives a benefit payment if you die while covered by the plan. Please make sure that you also name a contingent beneficiary – who would receive your benefit if your primary beneficiary dies first.

The completion of this Beneficiary Form will revoke any previous beneficiary designation(s), if any, for your group term life insurance and/or accidental death and dismemberment (AD&D) insurance issued to this group.

Please make sure your beneficiary designation is clear so that there will be no question as to your meaning. If you name more than one primary or contingent beneficiary, show the percentage of your benefit to be paid to each beneficiary. The listed percentages must add up to 100%. Please provide all of the information requested. If your beneficiary is not related either by blood or by marriage, insert the words, “Not Related” as their stated relationship. If you need assistance, contact the company’s representative or your own legal advisor.

A beneficiary designation may be changed at any time upon written request.

**Please note that a Power of Attorney (POA) may not have the authority to change a beneficiary.**

Sample wording for common beneficiary designations are shown below:

**Example #1:**

Jane Doe	Relationship: Spouse	Benefit Percentage: 100%
----------	----------------------	--------------------------

**Example #2:**

Jane Doe	Relationship: Spouse	Benefit Percentage: 50%
----------	----------------------	-------------------------

Susan Doe	Relationship: Daughter	Benefit Percentage: 25%
-----------	------------------------	-------------------------

John Doe	Relationship: Son	Benefit Percentage: 25%
----------	-------------------	-------------------------

If additional space is required, write, “See attached”, on the beneficiary line on the beneficiary designation form and attach a separate sheet, listing all the required beneficiary information for each beneficiary listed. **This separate sheet should be signed by you (the Insured/Member) and dated.**

The Hartford® is The Hartford Financial Services Group, Inc. and its subsidiaries.

# BENEFICIARY DESIGNATION



Initial Beneficiary Designation(s) OR  Change of all prior beneficiary designation(s) (check only one box), 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 and direct that the insurance proceeds payable under the policy be paid as indicated below.

Insured/Member Name:	Date of Birth:	Social Security Number: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Insured/Member Address:		Telephone Number: (    )
Policyholder:		Policy Number:

### NAMING YOUR LIFE BENEFICIARY

It is important that your beneficiary designation be clear so there will be no question as to your intent. It is also important that you name a primary and contingent beneficiary. If you need assistance, contact the company representative or your own legal counsel. Benefits payable for a Dependent's death are payable, where applicable, to You if living, otherwise, according to the terms under the policy.

PRIMARY BENEFICIARY(IES)		
Name: _____	Date of Birth: _____	
Address: _____	Telephone Number: (    )	
Social Security Number: _____	Relationship: _____	Benefit Percent: _____ %
Name: _____	Date of Birth: _____	
Address: _____	Telephone Number: (    )	
Social Security Number: _____	Relationship: _____	Benefit Percent: _____ %
Name: _____	Date of Birth: _____	
Address: _____	Telephone Number: (    )	
Social Security Number: _____	Relationship: _____	Benefit Percent: _____ %

CONTINGENT BENEFICIARY(IES)		
Name: _____	Date of Birth: _____	
Address: _____	Telephone Number: (    )	
Social Security Number: _____	Relationship: _____	Benefit Percent: _____ %
Name: _____	Date of Birth: _____	
Address: _____	Telephone Number: (    )	
Social Security Number: _____	Relationship: _____	Benefit Percent: _____ %

**Disclaimer:** Spousal consent does not apply to ERISA plans  
**Spousal Consent For Community Property States Only:** If you live in a community property state - Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin - you may complete the Spousal Consent section, which allows your spouse to waive his or her rights to any community property interest in the benefit. Certain tribal jurisdictions may also require spousal consent. Please see your Benefits Administrator for details.

This will certify that, as spouse of the Insured named above, I hereby consent to my spouse designating the person(s) listed above as beneficiaries of the group life term and/or accidental death insurance under the above policy and waive any rights I may have to the proceeds of such insurance under applicable community property laws. I understand that this consent and waiver supersede any prior spousal consent or waiver under this plan.

**Signature of Insured/Member's Spouse:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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

**Signature of Insured/Member:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Please note that a Power of Attorney (POA) may not have the authority to change a beneficiary.