

This form should only be completed if the employee wishes to designate one or more Contingent Beneficiaries. ALL SECTIONS NEED TO BE FULLY COMPLETED. **Once completed, please return to your District Benefits Administrator.** The benefits administrator should file this form for future reference.

Contingent Beneficiary Form

THIS FORM WILL REPLACE ALL PREVIOUS

Part 1: Employee Identification							
Employee's Last Name	First Name	Initial	District #	ID Number			
Part 2: Primary Beneficiary Designation							
				SHARE OF PROCEEDS *			
Primary Beneficiary - Last Name	First Name	Initial	Relationship	Basic Life	Basic Acc	Opt Life	Opt Acc
				%	%	%	%
				%	%	%	%
				%	%	%	%
				%	%	%	%
Name of Trustee(s) for Beneficiaries Under 18							

Important Information for designating Contingent Beneficiary(ies):

- 1. You may not name the same person to be a primary and contingent beneficiary for the same benefit.**
- 2. Your allocations to contingent beneficiaries for each benefit must total either 0% or 100%.**
- 3. If you have designated your "Estate" as a primary beneficiary with a 100% allocation for a given benefit, you may not make any contingent allocations for the same benefit.**

Part 3: Contingent Beneficiary Designation							
				SHARE OF PROCEEDS *			
Contingent Beneficiary – Last Name	First Name	Initial	Relationship	Basic Life	Basic Acc	Opt Life	Opt Acc
				%	%	%	%
				%	%	%	%
				%	%	%	%
				%	%	%	%
Name of Trustee(s) for Beneficiaries Under 18							

* **Must total 100% for each benefit**

I hereby confirm the above information is complete, true and correct. I UNDERSTAND THIS FORM REPLACES ALL PREVIOUS BENEFICIARY DESIGNATION FORMS.

All beneficiaries listed above are revocable unless otherwise indicated. I reserve the right to change my beneficiary at any time.

Employee Signature _____

Date Signed (mm/dd/yyyy) _____