

### Beneficiary Designation Form

New Employee       Change in Beneficiary       Other

**General Information**

Employer/Former Employer Name			
Employee Name (First, Middle Initial, Last)			Date of Birth
Address	City	State	ZIP
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Domestic Partnership <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed		Group Number	Customer Number

**Beneficiary Designation**

For more space, use a separate sheet and mark the following box:  **More Beneficiaries Attached**  
 Please Note: *Contingent beneficiary(ies) receive payment only if all primary beneficiary(ies) are deceased or are otherwise disqualified by law. If more than one primary or contingent beneficiary is designated, payment of proceeds will be made in equal shares to the named beneficiary(ies), unless otherwise noted on this designation form.*

Coverage	Primary Beneficiary		% of Benefit
<b>Life</b>	Name & Relationship Soc. Sec. No. & Date of Birth Address		_____%
	Name & Relationship Soc. Sec. No. & Date of Birth Address		_____%
	Contingent Beneficiary		
	Name & Relationship Soc. Sec. No. & Date of Birth Address		_____%
	Name & Relationship Soc. Sec. No. & Date of Birth Address		_____%
			<b>Total=100%</b>
Coverage	Primary Beneficiary		% of Benefit
<b>Supplemental Life</b>	Name & Relationship Soc. Sec. No. & Date of Birth Address		_____%
	Name & Relationship Soc. Sec. No. & Date of Birth Address		_____%
	Contingent Beneficiary		
	Name & Relationship Soc. Sec. No. & Date of Birth Address		_____%
	Name & Relationship Soc. Sec. No. & Date of Birth Address		_____%
			<b>Total=100%</b>

Coverage	Primary Beneficiary		% of Benefit
<b>AD&amp;D</b>	Name & Relationship Soc. Sec. No. & Date of Birth Address		_____%
	Name & Relationship Soc. Sec. No. & Date of Birth Address		_____%
			<b>Total=100%</b>
	<b>Contingent Beneficiary</b>		
	Name & Relationship Soc. Sec. No. & Date of Birth Address		_____%
	Name & Relationship Soc. Sec. No. & Date of Birth Address		_____%
		<b>Total=100%</b>	
Coverage	Primary Beneficiary		% of Benefit
<b>Supplemental AD&amp;D</b>	Name & Relationship Soc. Sec. No. & Date of Birth Address		_____%
	Name & Relationship Soc. Sec. No. & Date of Birth Address		_____%
			<b>Total=100%</b>
	<b>Contingent Beneficiary</b>		
	Name & Relationship Soc. Sec. No. & Date of Birth Address		_____%
	Name & Relationship Soc. Sec. No. & Date of Birth Address		_____%
		<b>Total=100%</b>	
Coverage	Primary Beneficiary		% of Benefit
<b>Survivor Benefit for Short Term Disability/Rapid Pay Income Replacement</b>	Name & Relationship Soc. Sec. No. & Date of Birth Address		_____%
	Name & Relationship Soc. Sec. No. & Date of Birth Address		_____%
			<b>Total=100%</b>
	<b>Contingent Beneficiary</b>		
	Name & Relationship Soc. Sec. No. & Date of Birth Address		_____%
	Name & Relationship Soc. Sec. No. & Date of Birth Address		_____%
		<b>Total=100%</b>	

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*This form replaces all prior beneficiary designations. Please mail to The EPIC Life Insurance Company, Attention: Life & Disability Department, P.O. Box 8430, Madison, WI 53708-8430 or fax to (608) 977-9861.*

**Spousal Waiver:** See next page for information and instructions.



I understand that by signing below, I am waiving my rights to the proceeds of this EPIC Life Insurance Policy. This will waive the spouse's rights to benefits.

Spousal Waiver Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## **Items to Consider When Selecting a Beneficiary**

Selecting a beneficiary is a very personal decision. Consider these questions:

- Upon your death, who will bear the responsibility of your expenses?
- Are there people who count on you for their financial support?
- Would you like to assign payment of the funeral expenses to a specified funeral home (Assignment of Proceeds) to not burden family members? If so, remaining proceeds will go to your beneficiary(ies) after EPIC pays the funeral home.
- **If your state has a Marital Property law and you are naming someone other than your spouse as a beneficiary, your spouse may be required to sign the spousal waiver (to waive their rights to the proceeds). Check the Marital Property law in your state.**

EPIC recommends that you research your options before choosing a beneficiary, and discuss your objectives and concerns with your professional advisors before making this important decision.

According to the default provisions of the policy, if you do not elect a beneficiary, EPIC will pay the first available individual or individuals using the following naming sequence:

- Widow or widower
- Child(ren) (natural or legally adopted children)
- Grandchild or grandchildren
- Parent(s)
- Brother(s) and sister(s)
- Member's estate

The percentage(s) assigned to your primary beneficiary(ies) must total 100%. The percentage(s) assigned to your contingent beneficiary(ies) must total 100%.

Keep your beneficiary designation up to date. You may want to modify your designation in the event of important family changes, such as a birth, death, marriage, or divorce.

This document is only valid if it contains your signature and date.