

**MEDICAL COLLEGE OF GEORGIA
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 issued to this group or employer and direct that the insurance proceeds payable under the policy be paid as indicated below.

Employee Name	Social Security Number
Employee Address	Telephone Number
Policyholder/Employer MEDICAL COLLEGE OF GEORGIA	Policy/Employer Number GL674647

NAMING THE 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 marriage, insert the words, "NOT RELATED". If you need assistance, contact the Medical College of Georgia or your own legal counsel.

PRIMARY BENEFICIARY(IES)

Name: _____ Date of Birth: _____

Address (Street, City, State): _____

Social Security Number: _____ Relationship: _____ Benefit Percent: _____

Name: _____ Date of Birth: _____

Address (Street, City, State): _____

Social Security Number: _____ Relationship: _____ Benefit Percent: _____

CONTINGENT BENEFICIARY(IES) — AN ALTERNATE PERSON TO WHOM THE PROCEEDS WOULD BE PAID IN THE EVENT YOUR PRIMARY BENEFICIARY IS ALSO DECEASED AT THE TIME OF YOUR DEATH

Name: _____ Date of Birth: _____

Address (Street, City, State): _____

Social Security Number: _____ Relationship: _____ Benefit Percent: _____

Name: _____ Date of Birth: _____

Address (Street, City, State): _____

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: _____

Date: _____

State of _____, County of _____, on this _____ day of _____, 2____, personally appeared before me, the above named and made oath that the statements made above are true.

My Commission Expires _____

Notary Public (*Official Seal*)