



Designation of Beneficiary

Before executing this form refer to other side.

Group CONTRACTHOLDER	Group Contract(s) Number(s)
Staff Member's Name	Employee/Retiree Social Security

Subject to the terms of the above numbered Group Contract(s), I request that any sum becoming payable by reason of my death shall be payable to the following beneficiary(ies). It is my understanding that this designation shall operate so as to revoke all designations of beneficiary and all elections of optional methods of settlement previously made by me under said Contract(s). This Designation of Beneficiary is subject to all "Conditions" shown on the reverse side of this form.

Employee Signature	Date
Witness Signature	

Beneficiary Name and Address			
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Relationship	Social Security Number	Birthdate	Percentage
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Beneficiary Name and Address	<input type="checkbox"/> Check if contingent
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Relationship	Social Security Number	Birthdate	Percentage
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Beneficiary Name and Address	<input type="checkbox"/> Check if contingent
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Relationship	Social Security Number	Birthdate	Percentage
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Beneficiary Name and Address	<input type="checkbox"/> Check if contingent
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Relationship	Social Security Number	Birthdate	Percentage
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(If more than one named, the beneficiaries shall share equally unless otherwise stated above.) If this Designation of Beneficiary refers only to a Group Life Insurance contract and if I am also insured for Group Accidental Death and Dismemberment coverage, this designation shall apply to both contracts unless expressly stated above. This Designation of Beneficiary shall apply to coverage, if any, under a Group Accident contract bearing the prefix ACC.

Conditions

- Unless otherwise expressly provided in this Designation of Beneficiary form, if any named beneficiary predeceases me, the life proceeds shall be payable equally to the remaining named beneficiary or beneficiaries. If no named beneficiary survives me, any sum becoming payable under said Group Contract(s) by reason of my death shall be payable as prescribed in said Group Contracts(s).
- If this Designation of Beneficiary provides for payment to a trustee under a trust agreement, Aetna Life Insurance Company shall not be obliged to inquire into the terms of the trust agreement and shall not be chargeable with knowledge of the terms thereof.

Payment to and receipt by the trustee shall fully discharge all liability of said Insurance Company to the extent of such payment.

Instructions

- If a mistake is made, line out the erroneous information, add the correct information and initial the correction. **The printed material on this form should not be deleted or altered in any way.**
- In all cases, the relationship of the beneficiary should be included with the beneficiary designations.
- This form must be signed by a witness. The witness must be a dis-interested person. The witness **MUST NOT** be a named beneficiary.
- If a married woman is named beneficiary, her full given name should be shown.
For example: Mary J. Smith, not Mrs. John J. Smith, likewise, if the form is to be signed by a married woman, she should sign her given name.
- For all named beneficiaries, the birthdate along with the social security number should be given.
- When two or more are named beneficiaries, and they are not to share equally, enter the percentage each beneficiary is to receive on the form in the space provided. **Dollars and cents should not be specified.**
- If a trustee is named beneficiary, show the name of the trust name and address of the trustee and the date the trust agreement.
For example: The John J. Smith Revocable Life Insurance Trust with the Trust Company of Hartford, Connecticut, 456 Pearl Street, Hartford, CT 06110, as Trustee under Trust Agreement Dated January 1, 1994.

Any person who knowingly and with intent to defraud or deceive any insurance company files a statement claim containing any materially false, incomplete or misleading information is guilty of a crime and may be liable for substantial civil penalties.

Attention Colorado Residents: An insurer or agent who knowingly provides false or misleading information to defraud a claimant regarding insurance proceeds must be reported to the Insurance Division.