Guardian

P.O. Box 14334
Lexington KY 40512

Beneficiary Designation/ Change Form

PLEASE TYPE or PRINT CLEARLY. *(The entire form, properly completed, signed and dated by the Insured, must be submitted or the changes cannot be processed.)*

EMPLOYER/PLANHOLDER NAME:	GROUP NUMBER
EMPLOYEE NAME (LAST, FIRST, M.)	SOCIAL SECURITY #
EMPLOYEE HOME ADDRESS (STREET, CITY, STATE, ZIP)	

Please indicate the coverage to which the beneficiary(ies) apply: ☐ Basic Life ☐ Voluntary Life ☐ AD&D ☐ Accident

I AUTHORIZE Guardian or my employer to record and consider the individuals/instructions that I have named on this form as beneficiaries for benefits under the applicable employee benefits plan.
(PLEASE COMPLETE THE APPROPRIATE SECTIONS ONLY.)

BENEFICIARY INFORMATION: *(Complete to designate a beneficiary or change the beneficiary designation); Include full proper name, relationship and social security number of proposed beneficiary(s) - i.e. Mary A. Doe, and relationship - i.e. husband, wife, friend, son, daughter.* ***See FAQ attachment.***

Name	Primary ☐ Contingent ☐	Relationship	%	Social Security #	Date of Birth
Address		Phone#	Email		
Name	Primary ☐ Contingent ☐	Relationship	%	Social Security #	Date of Birth
Address		Phone#	Email		
Name	Primary ☐ Contingent ☐	Relationship	%	Social Security #	Date of Birth
Address		Phone#	Email		
Name	Primary ☐ Contingent ☐	Relationship	%	Social Security #	Date of Birth
Address		Phone#	Email		

SIGNATURE OF INSURED	SIGNATURE OF WITNESS (SOMEONE OTHER THAN BENEFICIARY)	DATE
X		X

Community Property State Consent for Residents of Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington, or Wisconsin. If you are married and live in a community property state your spouse may have a legal claim for a portion of the life insurance benefit under state law. If you name someone other than your spouse as beneficiary, you may have your spouse sign below to waive his or her rights to any community property interest in the benefit.

As the insured Employee's spouse, I am aware that my spouse, the Employee named above, has designated someone other than me to be the beneficiary of group life insurance under the above policy. I hereby consent to such designation and waive any rights I may have to the proceeds of such life insurance under applicable community property laws. I understand that this consent and waiver supersedes any prior spousal consent or waiver under this plan.

Signature of Employee's Spouse _____

Minors named as beneficiaries

Attention: If any of the Beneficiaries named above is a minor (a person under the age of 18 or 21, depending on their state of residency), state law may limit Guardian's ability to pay life insurance proceeds directly to them for as long as they remain a minor. State Uniform Transfers to Minors Act (UTMA) laws, where applicable, may allow for the normal course of payment of these proceeds, or a portion thereof, to the minor beneficiary's designated Custodian to manage on the minor's behalf until they reach adult age. At that time, the proceeds are turned over to the adult child, who can use the proceeds in any way he or she chooses.

Are any of the Beneficiaries identified above considered a minor in the state in which they reside?
Check one box only. ☐ Yes ☐ No
If you answered "Yes", please name the legally designated UTMA Custodian for all minor Beneficiaries you have designated:

Custodian to Minor Beneficiaries:
Name:
Social Security Number (or FEIN/TIN # if a corporate entity): -
Date of Birth (mm-dd-yyyy) (if an individual): - - Address/City/State/Zip:
Phone: ( ) - -

ALL SIGNATURES MUST BE IN BLACK INK

CHANGE IN BENEFICIARY'S NAME *(Complete only if the name has been legally changed.)*			
FROM (WAS)	TO (NOW IS)	SOCIAL SECURITY #	DATE
CHANGE IN INSURED'S NAME *(Complete only if the name has been legally changed.)*			
FROM (WAS)	TO (NOW IS)	SOCIAL SECURITY #	DATE
SIGNATURE OF INSURED			DATE

ANY CHANGES IN DEPENDENT STATUS AND/OR NAME OF INSURED SHOULD BE REPORTED TO THE GROUP FIELD SUPPORT DEPARTMENT ON THE APPROPRIATE FORM

THIS SECTION TO BE COMPLETED BY GUARDIAN/or THE PLANHOLDER ONLY.

This is to certify that the following changes have been recorded in connection with the insurance for the above named insured.

☐ The BENEFICIARY has been changed ☐ The NAME of the BENEFICIARY has been changed ☐ New Employee

Recorded by _____ Date _____

FORWARD FORM TO THE PLANHOLDER OR GUARDIAN LIFE INSURANCE FOR RECORDING **(12/20)**

Frequently Asked Questions FAQ

1. **Primary Beneficiary**: Is the first choice to receive your insurance benefit. If you name more than one primary beneficiary and a beneficiary predeceases the insured, that portion of the benefit will be equally distributed among the surviving beneficiaries.
2. **Contingent Beneficiary**: Is the second choice to receive your insurance benefit if (all) the primary beneficiary(s) is (are) not living at the time of the employee's death. If you name more than one contingent beneficiary and a beneficiary predeceases the insured, that portion of the benefit will be equally distributed among the surviving beneficiaries.
3. **If more than one primary and/or contingent** beneficiary is designated and no percentage has been designated, settlement will be made in equal shares to such of the designated beneficiaries as survive the insured, unless otherwise provided herein. Primary beneficiary percentages must total 100% and contingent beneficiary percentages must total 100%.
4. **If you wish to have your insurance benefit disbursed in accordance with your will**, you should designate your estate as beneficiary. If you wish to name an estate as the beneficiary, you will need the following paper work: Letters of appointment naming the executor/administrator/personal representative and the estate tax ID number.
5. **If you wish to name a trust** as the beneficiary, you will need the following paper work: The name of the Trust, Date the trust was established (must be prior to the date this form is submitted), Name and Address of one of the trustee(s) (If Possible)
6. **If you wish to name an organization or charity** as the beneficiary, you will need the following information: Name, and Contact information (phone number, address, etc.).
7. **Minor Beneficiary(s)-** When you designate minors as beneficiaries, it is important to understand that insurance benefits will not be released to a minor child. They may, however, be paid to a court appointed guardian of the child's estate. Regulations governing minor beneficiaries vary by state.
8. **If you wish to designate your domestic partner** as your beneficiary, you must complete a beneficiary form. A domestic partner is not considered a legal spouse in most states and must be specifically named as a beneficiary.

- **This information is not intended to be relied on as legal advice. You may wish to get the assistance of an attorney to help ensure your beneficiary designation correctly reflects your intentions.**