



Church Life Insurance Corporation 445 Fifth Avenue New York, NY 10016 1-800-223-6602 or 212-592-1800

Beneficiary Designation Form

1. This beneficiary designation is for this contract/policy number only – if you take a position in another diocese and enroll with group life or supplemental life insurance through this new diocese, a new beneficiary form will be required.

Benefit Amount: \$ _____ Contract/Policy #: _____

Name: _____ Social Security #: On File

Home Address: _____ Birth Date: _____

PLEASE DESIGNATE THE BENEFICIARY(IES) FOR YOUR CHURCH LIFE COVERAGE.

The beneficiary is the person whom you want to receive the proceeds of this contract/policy(ies) upon your death. The signer of this form revokes all previous beneficiary designations for the death proceeds of this benefit, and also revokes any prior income arrangement delineated for any beneficiary. You have the right to change the beneficiary in the future.

PRIMARY BENEFICIARY: If you have **more than two Primary Beneficiaries**, or if you wish to name a *Contingent Beneficiary*, please use the back of this form, then **sign, date and have it witnessed**. (A Contingent Beneficiary will receive the proceeds if your Primary Beneficiary(ies) predeceases you.) If you wish any other special arrangement for the distribution of the proceeds, please give the details in a separate, signed and witnessed letter.

Primary Beneficiary(ies):

1. _____
First Name MI. Last Name Relationship & SSN

_____ Home Address City State Zip Birth date

2. _____
First Name MI. Last Name Relationship & SSN

_____ Home Address City State Zip Birth date

If you have named more than one Primary beneficiary, please indicate, with an "X", one of the following:

_____ Share and share alike. _____ Share and share alike, survivor or survivors.

Your Signature

Please have an **adult witness** sign here
(witness cannot be a named beneficiary)

Date

For "share and share alike," the proceeds of this insurance would be divided equally, or by percentage if indicated, among the named joint beneficiaries, including the estate of any beneficiary who had predeceased you. For "share and share alike, survivor or survivors," the proceeds of this insurance would be divided equally, or by percentage if indicated, among the joint beneficiaries, excluding the estate of any joint beneficiary who had predeceased you.

A Change of Beneficiary designation becomes effective on the day you have signed this form, as long as this form is fully completed (as indicated above) and received by Church Life Insurance. **Please retain a copy of this form with your records.**

Please return this form to Church Life Insurance Corp., 445 Fifth Ave., New York, NY 10016

Please list any additional Primary Beneficiaries:

3. _____
First Name MI. Last Name Relationship & SSN

_____ Birth date
Home Address City State Zip

4. _____
First Name MI. Last Name Relationship & SSN

_____ Birth date
Home Address City State Zip

CONTINGENT BENEFICIARY:

1. _____
First Name MI. Last Name Relationship & SSN

_____ Birth date
Home Address City State Zip

2. _____
First Name MI. Last Name Relationship & SSN

_____ Birth date
Home Address City State Zip

3. _____
First Name MI. Last Name Relationship & SSN

_____ Birth date
Home Address City State Zip

4. _____
First Name MI. Last Name Relationship & SSN

_____ Birth date
Home Address City State Zip

If you have named more than one Contingent beneficiary, please indicate, with an "X", one of the following:

_____ Share and share alike. _____ Share and share alike, survivor or survivors.

Your Signature Please have an **adult witness** sign here Date
(witness cannot be a named beneficiary)

For "share and share alike," the proceeds of this insurance would be divided equally, or by percentage if indicated, among the named joint beneficiaries, including the estate of any beneficiary who had predeceased you. For "share and share alike, survivor or survivors," the proceeds of this insurance would be divided equally, or by percentage if indicated, among the joint beneficiaries, excluding the estate of any joint beneficiary who had predeceased you.

If you have used this side of the form to designate additional beneficiaries, please sign, have witnessed and date.

A Change of Beneficiary designation becomes effective on the day you have signed this form, as long as this form is fully completed (as indicated above) and received by Church Life Insurance. **Please retain a copy of this form with your records.**