



## Designation of Beneficiary District Group Life Insurance

- Instructions:**
- If a mistake is made, no erasures or corrections should be attempted, but a new form should be used.
  - If a married woman is to be named, her full given name should be shown – for example, Mary J. Smith, not Mrs. John H. Smith. Likewise, if the form is to be signed by a married woman, she should sign her given name.
  - When two or more beneficiaries are to be named and they are not to share equally, the percentage each beneficiary is to receive should be shown; dollars and cents should not be specified.
  - Designation of Beneficiary with the most current date will be honored.
  - Return all copies to Risk Management/Benefits.

**Policyholder:**        **Rancho Santiago Community College District**

**Group Contract #:** 102253

**Protected Person's Name:** \_\_\_\_\_

**Social Security #** \_\_\_\_\_

Subject to the terms of the above Group Contract(s), between MetLife Insurance Company and said policyholder, I request that the following beneficiary (beneficiaries), be substituted under said contract(s) as my designated beneficiary (beneficiaries), in lieu of any and all beneficiaries previously named by me.

*If more than one beneficiary is named, the beneficiaries shall share equally unless otherwise stated below. (please print)*

Name of Beneficiary	Relationship	Social Security #	%
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Unless otherwise above expressly provided, if any beneficiary above designate predeceases me, the share which such beneficiary would have received if such beneficiary had survived me shall be payable equally to the remaining designated beneficiary or beneficiaries, if any, who survived me, but if no designated beneficiary survives me, the beneficiary shall be determined as prescribed in said Group Contract.

**Signature of Protected Person:** \_\_\_\_\_ **Date** \_\_\_\_\_