

Metropolitan Life Insurance Company  
**BENEFICIARY DESIGNATION**



Please read Instructions on next page before completing this form. Do not erase or attempt to make corrections; use a new form.

Name of Policy Holder Reform Pension Board

Group Policy No. 109893 Insured's Social Security No. \_\_\_\_\_

In accordance with the conditions of the Group Policy listed above, I hereby revoke any previous designations of primary beneficiary(ies) and contingent beneficiary(ies) (if any) and designate as primary beneficiary(ies) and contingent beneficiary(ies) (if any) in the event of the insured's death, the following:

**Primary Beneficiary Designation**

Full Name (Last, First, Middle Initial)	Relationship	Date of Birth	Address (Street, City, State, Zip)	Social Security Number	Share %

Payment will be made in equal shares or all to the survivor unless otherwise indicated. **TOTAL:** 100%

In the event said primary beneficiary(ies) predecease(s) the insured, I designate as contingent beneficiary(ies)

**Contingent Beneficiary Designation**

Full Name (Last, First, Middle Initial)	Relationship	Date of Birth	Address (Street, City, State, Zip)	Social Security Number	Share %

Payment will be made in equal shares or all to the survivor unless otherwise indicated. **TOTAL:** 100%

If no beneficiary or contingent beneficiary designated shall be living following the insured's death, the amount payable by reason of the insured's death shall be payable as provided in the Group Policy.

**Note: See Next Page for Important Information**

**Trust(ee) Designation** (applies only if a trust has been created in an executed trust agreement)

Name of Trustee(s) \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 and successor(s) in trust, as Trustee(s) under \_\_\_\_\_  
(\*Title of Agreement\*)

Dated \_\_\_\_\_ executed by me and said Trustee(s).

MetLife shall not be responsible for the application or disposition of the proceeds by said Trustee(s), and the receipt of the proceeds by said Trustee(s) shall be full discharge of the liability of MetLife under the Group Policy.

If this form is executed by the insured, it is understood and agreed, however, that if MetLife receives proof satisfactory to it that the aforesaid trust has been revoked or is not in effect at the insured's death, the beneficiary shall be the insured's Estate, and payment to the estate's legal representative based on such proof shall be full discharge of liability of MetLife under the Group Policy or certificate.

If this form is executed by the current owner (who is not the insured), it is understood and agreed, however, that if MetLife receives proof satisfactory to it that the aforesaid trust has been revoked or is not in effect at the insured's death, the beneficiary shall be the current owner, if living at the insured's death, or the current owner's estate if the current owner is not living at the insured's death, and payment to the estate's legal representative based on such proof shall be full discharge of liability of MetLife under the Group Policy or certificate.

**Trust(ee) (Under Will) Designation** (applies only if a trust has been set forth in your Will)

The trust(ee) under any last Will and Testament of mine as shall be admitted to probate.

If for any reason whatsoever, no Trust(ee) under any such last Will and Testament shall be duly appointed, I hereby designate **My Estate** as beneficiary and any payment made in good faith to the legal representative of my estate shall be full discharge of the liability of MetLife under the Group Policy.

**I reserve the right to change the designated beneficiary(ies) at any time without (his/her/their) consent.**

(Please Print)

\_\_\_\_\_  
 Name of Insured or Owner (if assigned)

\_\_\_\_\_  
 Daytime Phone No.

\_\_\_\_\_  
 Street Address

\_\_\_\_\_  
 City

\_\_\_\_\_  
 State

\_\_\_\_\_  
 Zip Code

\_\_\_\_\_  
 Signature of Insured or Owner (if assigned)

\_\_\_\_\_  
 Date Signed

**Submit Completed Form To the Reform Pension Board and Retain a Copy for Your Records**

## GENERAL BENEFICIARY INFORMATION

You may find the following definitions helpful in completing your Beneficiary Designation form.

**Primary Beneficiary:** Your primary beneficiary should be the individual(s) or organization that you wish to receive the insurance proceeds. You may have the proceeds divided among several primary beneficiaries. To do this, you must indicate what percentage of the proceeds you would like them to receive. Your total shares must equal 100%.

**Contingent Beneficiary:** Your contingent beneficiary should be the individual(s) or organization that you wish to receive the insurance proceeds if your primary beneficiary(ies) (see definition above) predecease(s) the insured. You may have the proceeds divided among several contingent beneficiaries. To do this, you must indicate what percentage of the proceeds you would like them to receive. Your total shares must equal 100%.

**Trust(ee) Designation:** If you plan to have the insurance proceeds distributed through a Trust, you should complete this section with the appropriate information. Your Trust(ee) will be held fully responsible for the application for and disposition of the insurance proceeds.

**This section should only be used if you have a legally drawn inter vivos trust agreement or an appropriate Trust(ee) is designated under your Last Will and Testament. If you complete this section, do NOT complete the Primary or Contingent Beneficiary sections.**

An inter vivos trust is a trust established during the life of the trustor (the person who creates the trust) for the benefit of the trustor or other living persons.

### INSTRUCTIONS FOR COMPLETING BENEFICIARY DESIGNATION

1. Fill in the insured's Social Security Number at the top of the form. At the bottom of the form, fill in the name of the insured person or owner (if assigned), the daytime phone number, address, and sign and date the form.
2. Fill in the Primary Beneficiary(ies) and Contingent Beneficiary(ies), if any. For each Primary and Contingent Beneficiary listed, enter the relationship (when the relationship of the beneficiary is other than by blood or marriage, the relationship should be shown as "Nonrelative"), date of birth, address(es) (permanent residence) and percentage of share (all shares must add up to 100%).
3. If you wish to name a Trust(ee) as beneficiary, complete one of the two Trust(ee) Designations **instead** of the Primary and Contingent Beneficiary sections. If the trust is an inter vivos trust, check only the first Trust(ee) Designation box, and complete the top Trust(ee) designation. You should enter (1) the name and address of the Trust(ee); (2) the Title of the Agreement; and (3) the date of its execution. **NOTE: AN INTER VIVOS TRUST MUST BE A LEGALLY DRAWN AGREEMENT.**

If you wish to make a Trust(ee) under Will Designation, check only the second Trust(ee) Designation box. **NOTE: A TRUST(EE) UNDER WILL (OR TESTAMENTARY TRUST(EE) MUST BE ESTABLISHED UNDER THE LEGALLY DRAWN LAST WILL AND TESTAMENT OF THE INSURED OR OWNER (IF ASSIGNED).**

4. The owner of the coverage should sign and date the form in the spaces provided. Retain a copy for your records.
5. Give the completed form to the Reform Pension Board.

**If you wish to name more beneficiaries than this form provides for, secure an additional copy.** Complete your list of beneficiaries on that form. Attach the additional form to the first, indicating clearly on **each** form the number of additional forms attached. For example, if three forms are used, number the forms as follows: 1 of 3, 2 of 3 and 3 of 3.

It is important that you review your beneficiary designation periodically to ensure that the beneficiary information you supplied is up to date.

You may change or revoke your beneficiary designation at any time by completing a new Beneficiary Designation form.

### PLEASE NOTE

If death occurs and a minor (a person not of legal age) or your estate is the beneficiary, it will be necessary to have a guardian or an administrator appointed before any death benefit can be paid. This means court expenses for the beneficiary and delay in the payment of the insurance proceeds. Please take this into consideration when naming your beneficiary.



**Addendum to Life Insurance Beneficiary Designation Form**

Name of Plan Participant \_\_\_\_\_

Social Security Number \_\_\_\_\_

Please indicate your current marital status:  I am married  I am not married

**If you are married, your spouse must consent to the naming of any other beneficiary by signing the following statement:**

I am the spouse of the participant and consent to the beneficiary designation attached hereto.

Spouse's Name (please print) \_\_\_\_\_

**Signature of Spouse** \_\_\_\_\_ **Date** \_\_\_\_\_

This designation and/or change of beneficiary shall take effect as provided for in the policy, and when received as so provided, the change shall be operative as of the date of this instrument whether or not I am alive at the time of such receipt, but without prejudice to Reform Pension Board on account of any payment made by it before such receipt. Reform Pension Board shall not be bound by any trust deed, and shall not be liable for the applications of monies by a trustee beneficiary. If I remarry, this designation will be ineffective unless consented by my new spouse. If I am married and fail to designate a beneficiary, my spouse will be the beneficiary; if I am not married and fail to designate a beneficiary, my estate will be the beneficiary.

**I hereby authorize the information provided above:**

**Signature of Insured Participant** \_\_\_\_\_ **Date** \_\_\_\_\_

-----For RPB Use Only-----

The authorized change(s) set forth in the foregoing instrument are hereby acknowledged:

RPB Plan Administrator \_\_\_\_\_ Date \_\_\_\_\_

**NOTICE:** A copy of this instrument, after the acknowledgment section has been completed, will be returned to you for your records.