

Retiree Benefit

UBLIC Retiree Benefit Group Certificate: G-29297-0
Beneficiary Designation Form



**Compass Rose
Benefits Group**

11490 Commerce Park Drive
Suite 220
Reston, VA 20191
FAX: (888) 972-1853

Policy Holder Information:

First Name Last Name Middle Initial

Address Last 4 Digits of SSN

I hereby designate the person(s) below as beneficiary(ies) for the Retiree Benefit specified, revoking any previous beneficiary designation and optional method of settlement election (i.e. trust, state, will, etc.) for such Benefit. Such changes to be effective in accordance with the terms and conditions of this Benefit.

Primary Beneficiary Designations:

Full Name	Address	DOB	SSN	Relationship	%

Contingent Beneficiary Designations:

Full Name	Address	DOB	SSN	Relationship	%

Insured's Signature

Date

Office Use Only:

Signature of CRBG Representative

Date

Completing Your Beneficiary Designation Form

Important

The filing of this form will completely cancel any beneficiary designation(s) you may have previously filed. Be sure to name in this form all persons you wish to designate as beneficiaries of the Retiree Benefit payable at your death.

Order of Precedence

If there is no designated beneficiary alive at the time of your death, benefits will be paid to your surviving:

1. Spouse; if none, then
2. Natural and/or adopted children in equal shares; if none, then
3. Parent(s) in equal shares; if none, then
4. Sibling(s) in equal shares; if none, then
5. To your estate

Instructions

1. Except for signatures, you should type or print all entries in ink (typing is preferred).
2. The form should be free of erasures or alteration to avoid a possible legal contest after your death.
3. To include more beneficiaries than the form provides, attach a separate piece of paper, sign and date.
4. At the top of the form, fill in the information regarding yourself.
5. Any person, estate, or institution can be names as a beneficiary. If listing a person, you must use each individual's full legal name. For example, if someone is married or widowed, use "Mary J. Smith" not "Mrs. John H. Smith."
6. Fill in the information for your primary beneficiary(ies). A primary beneficiary will be the person/people that you want to receive the Retiree Benefit.
7. Fill in the information for contingent beneficiary(ies). A contingent beneficiary will only receive the Retiree Benefit if the primary beneficiary(ies) is no longer living.
8. Indicate the percentage of the benefit amount that the beneficiary will receive. Do not use dollar amounts. Percentages must add up to 100%.
9. Sign and date the form.

Below is an example of how to complete the beneficiary designations:

Full Name	Address	DOB	SSN	Relationship	%
John Smith	111 Street St, City, ST, 12345	MM/DD/YYYY	xxx-xx-xxxx	Son	100

Complete and mail this form to:

Compass Rose Benefits Group
ATTN. UBLIC Team
11490 Commerce Park Drive | Suite 220
Reston, VA 20191