



Metro Nashville

Life Insurance Beneficiary Designation/Change

Forward to:
 Metro Human Resources
 Attention: Benefit Services
 222 Third Av North, Suite 158
 Nashville, TN 37201

Before executing this form refer to the other side. Please keep a copy for your records.

Group Policyholder Name Metropolitan Government of Nashville and Davidson County	Group Policy Number 46767	<input type="checkbox"/> Employee <input type="checkbox"/> Retiree	Employee/Retiree Social Security Number Department:
Employee/Retiree Name and Address			Coverage(s) this form applies to: <ul style="list-style-type: none"> • Basic Life Insurance • Supplemental Life

Subject to the terms of the above numbered Group Policy(ies), I request that any sum becoming payable by reason of my death be payable to the following beneficiary(ies). It is my understanding that this designation shall operate so as to revoke all designations of beneficiary and all election of optional methods of settlement previously made by me under said Policy(ies). If this Designation of Beneficiary refers only to a Group Life Insurance Policy and if I am also insured for Supplemental and/or Group Accidental Death coverage, this designation shall apply to those coverages.

Employee/Retiree Signature	Date
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Beneficiary Name and Address	<input checked="" type="checkbox"/> Primary Beneficiary*	<input type="checkbox"/> Basic Life Insurance	<input type="checkbox"/> Supplemental Life Insurance
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Relationship	Social Security Number	Date of Birth (MM/DD/YYYY)	Percentage
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Beneficiary Name and Address	<input type="checkbox"/> Primary Beneficiary* or <input type="checkbox"/> Contingent Beneficiary**	<input type="checkbox"/> Basic Life Insurance	<input type="checkbox"/> Supplemental Life Insurance
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Relationship	Social Security Number	Date of Birth (MM/DD/YYYY)	Percentage
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Beneficiary Name and Address	<input type="checkbox"/> Primary Beneficiary* or <input type="checkbox"/> Contingent Beneficiary**	<input type="checkbox"/> Basic Life Insurance	<input type="checkbox"/> Supplemental Life Insurance
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Relationship	Social Security Number	Date of Birth (MM/DD/YYYY)	Percentage
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Beneficiary Name and Address	<input type="checkbox"/> Primary Beneficiary* or <input type="checkbox"/> Contingent Beneficiary**	<input type="checkbox"/> Basic Life Insurance	<input type="checkbox"/> Supplemental Life Insurance
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Relationship	Social Security Number	Date of Birth (MM/DD/YYYY)	Percentage
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If a Trust has been named as a beneficiary above, please complete the following:

Trustee's Full Name: _____

Trustee's Address: _____

Title of Trust Agreement: _____ Date of Agreement: _____

*If more than one Primary Beneficiary is named, the Primary Beneficiaries shall share equally unless otherwise indicated above.

**Contingent Beneficiary(ies) will only receive proceeds if all Primary Beneficiaries have predeceased the Insured. If you are naming more than one Contingent Beneficiary at 100% each, please indicate 1st contingent, 2nd contingent, 3rd contingent, etc. in the order of precedence.

BENEFICIARIES

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- Unless otherwise expressly provided in this Designation of Beneficiary form, if any named beneficiary predeceases me, the life proceeds shall be payable equally to the remaining named beneficiary or beneficiaries. If no named beneficiary survives me, any sum becoming payable under said Group Policy(ies) by reason of my death shall be payable as prescribed in said Group Policy(ies).
 - If this Designation of Beneficiary provides for payment to a trustee under a trust agreement, the life insurance company shall not be obliged to inquire into the terms of the trust agreement and shall not be chargeable with knowledge of the terms thereof. Payment to and receipt by the trustee shall fully discharge all liability of said Insurance Company to the extent of such payment.
 - If you live in one of the following community property states - Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington, or Wisconsin – 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, payment of the death benefit may be delayed until your spouse's claim is resolved. If you make the beneficiary someone other than your spouse, it may be a good idea to complete the spousal consent section, which allows the spouse to waive his or her rights to any community property interest in the benefit.

Instructions

- If you make a mistake in completing this form, line out the erroneous information, add the correct information and initial the correction. **The printed material on this form should not be deleted or altered in any way.**
- In all cases, the relationship of the beneficiary and the beneficiary's social security number should be included with the beneficiary designations.
- If beneficiary is to be contingent, be sure to check the appropriate box. A Contingent Beneficiary will receive benefits only if the Primary Beneficiary(ies) do not survive the insured. If naming more than one Contingent Beneficiary at 100% each, please indicate 1st contingent, 2nd contingent, 3rd contingent, etc.
- If a married woman is named beneficiary, her full legal name should be shown.
For example: Mary J. Smith, not Mrs. John J. Smith. Likewise, if this form is to be signed by a married woman, she should sign her full legal name.
- If a minor child is named beneficiary, the date of birth along with the social security number must be given.
- When two or more beneficiaries are named, and they are not to share the benefits equally, enter the percentage each beneficiary is to receive on the form in the space provided. **Dollars and cents should not be specified. When added together, the sum of the percentages going to the two or more named beneficiaries should not total more than 100%.**
- If a trust is named beneficiary, show the name and address of the trustee, exact name of the trust, and the date of the trust agreement.
For example: John Smith, Trustee, 123 Apple Lane, Hartford, CT 06006, The John J. Smith Revocable Life Insurance Trust, dated January 1, 1994.