

Life Insurance Beneficiary Designation

PRIMARY BENEFICIARY--If you designate more than one beneficiary, they share equally in the benefit amount, unless specified otherwise. Percent of benefit total must equal 100.

Name _____ Relationship _____

Social Security Number _____ Date of Birth _____ % of Benefit _____

Street _____

City _____ State _____ ZIP _____

Name _____ Relationship _____

Social Security Number _____ Date of Birth _____ % of Benefit _____

Street _____

City _____ State _____ ZIP _____

Name _____ Relationship _____

Social Security Number _____ Date of Birth _____ % of Benefit _____

Street _____

City _____ State _____ ZIP _____

SECONDARY BENEFICIARY--The secondary beneficiary will receive a benefit only if the primary beneficiary does not survive.

Name _____ Relationship _____

Social Security Number _____ Date of Birth _____ % of Benefit _____

Street _____

City _____ State _____ ZIP _____

Name _____ Relationship _____

Social Security Number _____ Date of Birth _____ % of Benefit _____

Street _____

City _____ State _____ ZIP _____

AUTHORIZATION

I hereby affirm this is my true signature and authorize the University of Cincinnati to make the changes indicated under penalty of law.

Signature _____ Date _____

Social Security Number _____ Phone _____

Mail this form to: Benefits Office or University of Cincinnati Benefits Office
Mail Location 0099 P.O. Box 210099, Cincinnati, OH 45221-0099