



Metropolitan Life Insurance Company
Designation of Beneficiary and Contingent Beneficiary(ies)
(Before Completing Form, See Following Page)

Group Policy No. _____ Insured's Social Security No. _____

In accordance with the conditions of the Group Policy, I hereby revoke any previous designation of beneficiary and contingent beneficiary and designate as beneficiary:

Primary Beneficiary Designation

Full Name (Last, First, Middle Initial)	Relationship	Date of Birth	Address (Street, City, State, Zip)	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)	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.

I reserve the right to change this designation at any time.

This designation becomes effective upon receipt by the Human Resources Department.

Name and Address of Insured or Owner (if assigned) (Print)

Signature of Insured or Owner (if assigned)

Date Signed

Please Note

Do not erase or attempt to make any corrections; use a new form.

When the beneficiary is not related to you by blood or marriage, the "Relationship" should be shown as "Nonrelative."

For Employer's Use

Records noted by_____ Date_____