



Beneficiary Designation Initial Beneficiary Designation(s), Change of all prior beneficiary designation(s) (*Check only one box*) OR Name Change. I hereby revoke any previous beneficiary designation(s), if any for my group term life insurance issued through this group and direct that the insurance proceeds payable under the policy be paid as indicated below.

Policy Number: _____ Certificate Number: _____
 Policyholder: **Trustees of the ISI Insurance Trust**

Insured Person: _____ Social Security #: _____

NAMING THE BENEFICIARY

It is important that your beneficiary designation be clear so that there will be no question as to your intent. It is also important that you name a primary and contingent beneficiary. When naming your beneficiary(ies) please indicate their full name, address, social security number and relationship. If the beneficiary is not related either by blood or marriage, insert the words, "Not related." On the reverse side of this form, you will find examples of common beneficiary designations. **If you need assistance, contact Insurance Specialists, LLC at 800-241-7753 or your own legal counsel.**

| <u>PRIMARY BENEFICIARY(IES)</u> | | | |
|--|---------------------|-----------------------|--|
| Name _____ | Date of Birth _____ | | |
| Address _____ | | | |
| Social Security Number: _____ | Relationship _____ | Benefit Percent _____ | |
| | | | |
| Name _____ | Date of Birth _____ | | |
| Address _____ | | | |
| Social Security Number _____ | Relationship _____ | Benefit Percent _____ | |

| <u>CONTINGENT BENEFICIARY(IES)</u> | | | |
|---|---------------------|-----------------------|--|
| Name _____ | Date of Birth _____ | | |
| Address _____ | | | |
| Social Security Number _____ | Relationship _____ | Benefit Percent _____ | |
| | | | |
| Name _____ | Date of Birth _____ | | |
| Address _____ | | | |
| Social Security Number _____ | Relationship _____ | Benefit Percent _____ | |

HARTFORD LIFE INSURANCE COMPANY, HARTFORD, CONNECTICUT

NAME CHANGE

FROM:

Name _____
Last First Middle

TO:

Name _____
Last First Middle

Be cause of: Marriage Court Order: _____

I, the undersigned, reserve the right to change the beneficiary(ies) without the consent of said beneficiary(ies).

Signature of Insured _____ Date: _____

Following are examples of the most common beneficiary designations:

- Mary J. Doe, Wife (not Mrs. John Doe).
- Mary J. Doe, Wife, if living, otherwise to Joseph W. Doe, Son.
- Mary J. Does, Wife, if living, otherwise to Jane Doe, Daughter and Joseph W. Does, Son in equal shares, if they are both living, otherwise to whichever of them survive me.
- Estate of the Insured.
- If you name more than one beneficiary with unequal shares, please show the percent of insurance to be paid to each beneficiary, for example "33 1/3%" to Mary Jones, Mother and 66 2/3% to Edith Jones, Wife."