

BENEFICIARY DESIGNATION FORM

BASIC LIFE, SUPPLEMENTAL LIFE, SUPPLEMENTAL AD&D, AND RETIREE LIFE PLANS

IMPORTANT—READ ALL INFORMATION & INSTRUCTIONS ON REVERSE SIDE BEFORE COMPLETING THIS FORM.**SECTION 1—PARTICIPANT INFORMATION**

| | | | |
|----------------|----------|-------------------------|--|
| Name: | | University 10-Digit ID: | |
| Date of Birth: | Address: | | |
| Email: | Phone: | Campus: | |

SECTION 2—PLAN INFORMATION

This designation is for the following plan(s) (check all that apply): Basic Life Supplemental Life Supplemental AD&D Retiree Life

NOTE: This designation applies **ONLY** to plans selected above. If you wish to name **different** beneficiaries for each plan, you must submit a **separate form** for each plan.

SECTION 3—BENEFICIARY INFORMATION

IMPORTANT NOTE: If a minor child is designated as a beneficiary, you may wish to establish a guardianship or trust, as children cannot access funds paid under these plans until age 18. Percentages must be whole numbers—decimals and/or fractions will not be accepted. *If your beneficiary's name or address is longer than the space provided, continue to the next line below.*

This is a(an): Initial Beneficiary Designation Change in Beneficiary Designation

PRIMARY BENEFICIARY(IES):

| Full Legal Name | Birth Date or Trust Date | Address | Relationship | Last Four Digits of SSN | % of Benefit |
|-----------------|--------------------------|---------|--------------|-------------------------|--------------|
| | | | | | |
| | | | | | |
| | | | | | |

=100%

CONTINGENT BENEFICIARY(IES):

| Full Legal Name | Birth Date or Trust Date | Address | Relationship | Last Four Digits of SSN | % of Benefit |
|-----------------|--------------------------|---------|--------------|-------------------------|--------------|
| | | | | | |
| | | | | | |
| | | | | | |

=100%

SECTION 4—PARTICIPANT CERTIFICATION

I certify under penalties of perjury that the information provided on this Beneficiary Designation Form is accurate. I designate the person(s) named on this Beneficiary Designation Form as my beneficiary(ies) under the plan(s) selected above. I understand that if I choose not to designate a beneficiary or if my designated beneficiaries all predecease me, any death benefits payable under the plan will be paid according to the terms of the plan or, if none, to my estate. I understand that this Beneficiary Designation Form becomes effective when I complete, sign, and deliver it to Indiana University, and will remain in effect until I complete, sign and deliver an updated Beneficiary Designation Form to Indiana University at a later date. I understand that the beneficiary information provided on this Beneficiary Designation Form shall apply to the plan(s) selected above only and shall replace all previous beneficiary designations that I have made under the plan(s).

| | |
|------------|-------|
| Signature: | Date: |
|------------|-------|

To sign and submit this form digitally you must first save it to your device.

This form can also be emailed to askhr@iu.edu; or mailed to IU Human Resources, 2709 E. 10th Street, Ste 321, Bloomington, IN 47408.

INSTRUCTIONS

You are encouraged to manage your Basic Life, Supplemental Life, and Supplemental AD&D beneficiaries online through the [Employee Center](#) in One.IU, unless you are naming a Trust. Other IU benefit plan beneficiaries must be named directly through the vendor (Health Savings Account (HSA) through Nyhart and retirement plan accounts through Fidelity, TIAA, or PERF).

The full legal name of each beneficiary should be included. (For example, MARY E. SMITH, not M.E. SMITH or MRS. JOHN J. SMITH.) Also include the beneficiary's month/day/year of birth, complete address, and relationship to you.

IMPORTANT NOTE: Benefit percentages must equal 100% between all primary beneficiaries, and 100% between all contingent beneficiaries. Percentages must be whole numbers—decimals and/or fractions will not be accepted.

Order of Payment and Division of Benefits – Unless otherwise provided:

1. Payment at the participant's death is to be made to a primary beneficiary(ies) if living. If there is no living primary beneficiary, then payment is to be made to the contingent beneficiary(ies).
2. If a class of beneficiaries contains more than one person, the benefits due to the beneficiaries in such class at the participant's death are to be apportioned in equal shares to the then living beneficiaries in the class.
3. Unless otherwise provided, if all beneficiaries predecease the participant, all interest in the benefits will vest in the participant or his/her estate.

Definition of Terms – Unless otherwise provided, these terms have the meanings indicated:

- *Children* – the children born of any and all marriages, and any children legally adopted at any time. If a minor child is designated as a beneficiary, you may wish to establish a guardianship or trust, as children cannot access benefits funds paid under this plan until age 18.
- *Estate* – the participant's duly appointed executors or administrators.

BENEFICIARY DESIGNATION EXAMPLES

1. Possible family situation: Spouse as primary beneficiary and children as contingent beneficiaries (do not state names of guardians).

| | Full Legal Name | Birth Date or Trust Date | Address | Relationship | Last Four Digits of SSN | % of Benefit |
|------------------------------------|-----------------|--------------------------|-------------------------------|--------------|-------------------------|--------------|
| Primary Beneficiary(ies) | Martha B. Doe | 1/1/50 | 12 W. St., Any Town, IN 47444 | Wife | XXX-XX-1234 | 100 |
| Contingent Beneficiary(ies) | John K. Doe | 7/1/78 | 12 W. St., Any Town, IN 47444 | Son | XXX-XX-5678 | 50 |
| | Mary L. Doe | 8/5/81 | 12 W. St., Any Town, IN 47444 | Daughter | XXX-XX-9012 | 50 |

2. More than one beneficiary in a category: Each to share equally in benefits.

| | Full Legal Name | Birth Date or Trust Date | Address | Relationship | Last Four Digits of SSN | % of Benefit |
|---------------------------------|-----------------|--------------------------|-----------------------------------|--------------|-------------------------|--------------|
| Primary Beneficiary(ies) | Jane B. Smith | 3/6/45 | 100 Main St., A Town, IN 47444 | Sister | XXX-XX-1234 | 33 |
| | Robert C. Black | 5/24/50 | 15 First. St., Any Town, IN 47444 | Brother | XXX-XX-5678 | 33 |
| | Hazel B. Gray | 7/14/58 | 22 Park Ave., O Town, IN 47444 | Sister | XXX-XX-9012 | 34 |

3. Estate as beneficiary: Specify whose estate, such as "My estate" or "estate of the insured."

4. Trust(ee) named in inter vivos (living) trust agreement: First Bank & Trust Co., Ohio, or its successors, as trustee under trust agreement dated October 10, 1985.

5. Trust(ee) named in your Will (testamentary trustee): The trustee(s) qualified under my Last Will and Testament and/or any codicil thereto.

6. Institution as beneficiary: Full legal name should be stated; also state whether the institution is a corporation.