

Beneficiary Designation Form

Basic Life, Supplemental Life, & Supplemental AD&D

IMPORTANT—READ ALL INFORMATION & INSTRUCTIONS ON REVERSE SIDE BEFORE COMPLETING THIS FORM

This form is for the IU Basic Life, Supplemental Life, and Supplemental AD&D plans only. Please type or print, except where your signature is required. To sign and submit this form electronically, you must download it to your computer first.

SECTION 1—Employee Information

Employee Name:		University 10-Digit ID:	
Address:	City:	State:	Zip:
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

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
				XXX-XX-	
				XXX-XX-	
				XXX-XX-	

=100%

CONTINGENT BENEFICIARY(IES):

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

=100%

SECTION 4—Employee 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:
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Return form to askhr@iu.edu; fax to (812) 855-3409; or mail to 400 E. Seventh St, Poplars E165, Bloomington, IN 47405-3085

INSTRUCTIONS

You are encouraged to manage your beneficiaries online through the Employee Center in One.IU unless you are naming a Trust(ee). Please type or print, except where the participant's signature is required.

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 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.)