

# Reliance Standard Life

## IMPORTANT INFORMATION ABOUT BENEFICIARY DESIGNATIONS

Use this form to designate or make changes to the beneficiary (ies) of your Group Insurance death proceeds. The information on this form will replace any prior beneficiary designation. You may name anyone or any entity as your beneficiary and you may change your beneficiary at any time by completing a new Group Insurance Beneficiary Designation/Change form. Common designations include individuals, estates, corporation/organizations, and trusts. **Payment will be made to the named beneficiary. If there is no named beneficiary, or the named beneficiary predeceased the insured, settlement will be made in accordance with the terms of your Group Contract.**

## DEFINITIONS

You may find the following definitions helpful in completing this form:

**Primary Beneficiary(ies)** – the person(s) or entity you choose to receive your life insurance proceeds. Payment will be made in equal shares unless otherwise specified. In the event that a designated primary beneficiary predeceases the insured, the proceeds will be paid to the remaining primary beneficiaries in equal shares or all to the sole remaining primary beneficiary.

**Contingent Beneficiary(ies)** – the person(s) or entity you chose to receive your life insurance proceeds if the primary beneficiary(ies) die (or the entity dissolves) before you die. Payment will be made in equal shares unless otherwise specified. In the event that a designated contingent beneficiary predeceases the insured, the proceeds will be paid to the remaining contingent beneficiaries in equal shares or all to the sole remaining contingent beneficiary.

## **INSTRUCTIONS FOR DESIGNATING A PRIMARY OR CONTINGENT BENEFICIARY**

### 1. SECTION ONE:

- Insured Name (person who is being insured)
- Social Security Number (person who is being insured)

### 2. PRIMARY BENEFICIARY(IES)

- You may name more than one primary and more than one contingent beneficiary. This form allows you to name up to three (3) primary and three (3) contingent beneficiaries. If you need additional space, please attached a separate piece of paper.
- Please indicate the percentage share designated to each primary beneficiary. **The total for all primary beneficiaries must equal 100%.** If no percentages are indicated, any benefits payable to primary or contingent beneficiaries will be divided equally between all. If there is no named beneficiary, or the named beneficiary predeceased the insured, settlement will be made in accordance with the terms of your Group contract.
- You can name an individual, trusts, or an estate as a beneficiary. The following examples may be helpful in designating beneficiaries:

### 3. Return the **Completed Original** of the Beneficiary Form to the HR Michigan State Police Department.

- Keep a copy for your files

## **Examples of Beneficiaries**

Individual: "Mary A. Doe"

- Each name should be listed as first name, middle initial, last name ("Mary A. Doe," not "Mrs. M. Doe")
- Include percentage to be designated to each beneficiary
- Include the address, date of birth, relationship, and social security number

Estate: "Estate of Insured"

- Write "Estate" in the Primary beneficiary/Contingent beneficiary
- Indicate the percentage to be assigned to the Estate of the Insured.

Trust: "The John Doe Trust. A Trust with a Trust agreement dated 1/1/99 whose Trustee is Jane Smith."

- Print the name of the trust as the Primary Beneficiary
- Indicate the percentage to be assigned to the trust
- Fill in the name and address of each Trustee
- Fill in the title and date of the Trust Agreement

# MICHIGAN STATE POLICE VOLUNTARY SUPPLEMENTAL LIFE DESIGNATION OF BENEFICIARY

Policyholder: Michigan State Police	Insured Name
	Social Security Number

I hereby designate the following as my beneficiary(ies) under the above policy number(s).

**Primary Beneficiary(ies)**

Full Name and Address (Please Print)	Percentage* (Must total 100%)	Date of Birth	Relationship

\*If no percentages are indicated, benefits will be divided equally between all primary beneficiaries.

**Contingent Beneficiary(ies)** (applicable only if you are not survived by one or more primary beneficiaries)

Full Name and Address (Please Print)	Percentage* (Must total 100%)	Date of Birth	Relationship

\*If no percentages are indicated, benefits payable to contingent beneficiaries will be divided equally between all contingent beneficiaries.

- This beneficiary designation revokes all revocable prior beneficiary designations.
- Unless you indicate otherwise, if any beneficiary predeceases you, that beneficiary's share will be divided pro-rata among the surviving beneficiaries of the same class (primary or contingent).
- If no beneficiary (primary or contingent) survives you, payment will be made pursuant to the terms of the applicable policy.

Date:	Signature of Insured:
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