



Diocese of Cleveland Group Life Insurance Policy
Beneficiary Designation

Form #101592

Ref. #: _____

NAME OF INSURED EMPLOYEE: _____

SSN: _____

ADDRESS: _____
NUMBER STREET APT #

CITY STATE ZIP

PHONE #: _____

I hereby revoke any previous designation of beneficiary(ies) and designate the following:
 PRIMARY BENEFICIARY(IES): *(please print)*

1. _____
FIRST NAME INITIAL LAST NAME RELATIONSHIP DATE OF BIRTH
 RESIDING AT _____
ADDRESS CITY STATE ZIP

2. _____
FIRST NAME INITIAL LAST NAME RELATIONSHIP DATE OF BIRTH
 RESIDING AT _____
ADDRESS CITY STATE ZIP

3. _____
FIRST NAME INITIAL LAST NAME RELATIONSHIP DATE OF BIRTH
 RESIDING AT _____
ADDRESS CITY STATE ZIP

If more than one beneficiary is designated herein, payment shall be made in equal shares, or to the survivors in equal shares, or all to the last survivor.

CONTINGENT (Secondary) BENEFICIARY(IES) - *In the event the primary beneficiary(ies) predecease me, I hereby designate the following as contingent beneficiary(ies):*

1. _____
FIRST NAME INITIAL LAST NAME RELATIONSHIP DATE OF BIRTH
 RESIDING AT _____
ADDRESS CITY STATE ZIP

2. _____
FIRST NAME INITIAL LAST NAME RELATIONSHIP DATE OF BIRTH
 RESIDING AT _____
ADDRESS CITY STATE ZIP

3. _____
FIRST NAME INITIAL LAST NAME RELATIONSHIP DATE OF BIRTH
 RESIDING AT _____
ADDRESS CITY STATE ZIP

If more than one beneficiary is designated herein, payment shall be made in equal shares, or to the survivors in equal shares, or all to the last survivor.

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

 SIGNATURE OF INSURED

 DATE SIGNED

If this block is checked, it means you have submitted a separate page of additional beneficiary information due to lack of space on this form. A separate page must also be signed and dated by the insured in order to be valid.