



# RETIREE

## Fulton County, Georgia Group Life Insurance Beneficiary Change Form

RETIREE NAME LAST FIRST MIDDLE INITIAL SEX DATE OF BIRTH

**BENEFICIARY DESIGNATION:** If two or more primary beneficiaries are named, and you do not list benefit percentages, proceeds will be paid in equal shares to the named primary beneficiaries who survive you. If no primary beneficiary survives you, proceeds will be paid to the contingent beneficiary (ies). If you list benefit percentages, the total must equal 100%. (Retiree is the beneficiary of proceeds from dependent coverage).

FIRST NAME	LAST NAME	SOCIAL SECURITY #	RELATIONSHIP & ADDRESS	BENEFIT %
Primary				
Primary				
Contingent				
Contingent				

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or a statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act which is a crime and subjects such person to criminal and civil penalties.

**INFORMATION ON THIS FORM WILL OVERRIDE ANY PRIOR DESIGNATION SELECTION FOR THE POLICY (IES) LISTED ABOVE.**

\_\_\_\_\_  
RETIREE SIGNATURE

DATE \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_  
PRINTED RETIREE NAME

Subscribed and sworn before me on this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

I certify that the following person(s) personally appeared before me this day, each acknowledging to me that he or she signed the forgoing document: \_\_\_\_\_

Notary public: \_\_\_\_\_

My commission expires: \_\_\_\_\_