



## Beneficiary Designation Form

### Claimant/Applicant Information

Claimant/Applicant Full Name	Date of Birth (mm/dd/yyyy)	Social Security #	Claimant/Applicant Telephone Number	
Claimant/Applicant Address		City	State	Zip Code

### Designated Beneficiary Information

Beneficiary Full Name	Date of Birth (mm/dd/yyyy)	Social Security #	Relation to Claimant/Applicant	
Claimant/Applicant Address		City	State	Zip Code
Percentage Reversionary to the Beneficiary: _____ %	<input type="checkbox"/> Primary <input type="checkbox"/> Secondary			

Beneficiary Full Name	Date of Birth (mm/dd/yyyy)	Social Security #	Relation to Claimant/Applicant	
Claimant/Applicant Address		City	State	Zip Code
Percentage Reversionary to the Beneficiary: _____ %	<input type="checkbox"/> Primary <input type="checkbox"/> Secondary			

Beneficiary Full Name	Date of Birth (mm/dd/yyyy)	Social Security #	Relation to Claimant/Applicant	
Claimant/Applicant Address		City	State	Zip Code
Percentage Reversionary to the Beneficiary: _____ %	<input type="checkbox"/> Primary <input type="checkbox"/> Secondary			

\_\_\_\_\_  
 Claimant/Applicant (or authorized agent) Signature Date

\_\_\_\_\_  
 Printed Full Name of Authorized Agent (if signator is not claimant/applicant).  
*If signed by an authorized agent of the claimant/applicant, please attach letter of authority, if applicable.*

\_\_\_\_\_  
 Relation to Claimant/Applicant (i.e., guardian, spouse, parent, etc)

STATE OF \_\_\_\_\_  
 COUNTY OF \_\_\_\_\_

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_.  
Signator Above

\_\_\_\_\_  
 Signature of Notary Public

\_\_\_\_\_  
 Name of Notary, Typed, Printed or Stamped

Personally Known \_\_\_\_\_ OR Produced Identification \_\_\_\_\_ Type of Identification Produced \_\_\_\_\_