

The Texas A&M University System Beneficiary Designation Form

With few exceptions, you have the right to request, receive, review and correct information about yourself collected using this form.



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Employee's/Retiree's name: Last, First, MI (please print)

UIN/Social Security number

This form may be used to name or change beneficiaries. The primary beneficiary is the person who receives the proceeds from these policies if you die. Complete the information below for each plan in which you participate. Please print in ink.

1. You may list one or more primary beneficiaries.
2. Indicate each beneficiary's relationship to you.
3. Indicate the distribution by percentage. If you list more than one beneficiary for each coverage, the distribution percentages must total 100; for example, 60/40, 50/50, etc.
4. You may list one or more secondary beneficiaries. The secondary beneficiary will receive proceeds from these policies if you and the primary beneficiary both die. Please also indicate each beneficiary's relationship to you, and if you name more than one, indicate the distribution percentage for each.
5. The beneficiary for Dependent Life is the employee/retiree. However, you can name a secondary beneficiary.
6. **If you do not indicate a distribution percentage, each beneficiary will receive an equal share of the benefit.**

Basic/Alternate Basic Life

Primary Beneficiary(ies)

| Name | Relationship | % Distribution | Address (Street/P.O. Box, City, State, ZIP) | Phone |
|------|--------------|----------------|---|-------|
| | | | | |
| | | | | |
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Secondary Beneficiary(ies)

| Name | Relationship | % Distribution | Address (Street/P.O. Box, City, State, ZIP) | Phone |
|------|--------------|----------------|---|-------|
| | | | | |
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Optional Life

Primary Beneficiary(ies)

| Name | Relationship | % Distribution | Address (Street/P.O. Box, City, State, ZIP) | Phone |
|------|--------------|----------------|---|-------|
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Secondary Beneficiary(ies)

| Name | Relationship | % Distribution | Address (Street/P.O. Box, City, State, ZIP) | Phone |
|------|--------------|----------------|---|-------|
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Please list Dependent Life and Optional Accidental Death and Dismemberment beneficiaries on page 2 of this form.

| |
|------------|
| Date Stamp |
|------------|

Secondary Beneficiary(ies) (the employee/retiree is the primary beneficiary)

| <i>Name</i> | <i>Relationship</i> | <i>% Distribution</i> | <i>Address (Street/P.O. Box, City, State, ZIP)</i> | <i>Phone</i> |
|-------------|---------------------|-----------------------|--|--------------|
| | | | | |
| | | | | |

Optional Accidental Death and Dismemberment

Primary Beneficiary(ies)

| <i>Name</i> | <i>Relationship</i> | <i>% Distribution</i> | <i>Address (Street/P.O. Box, City, State, ZIP)</i> | <i>Phone</i> |
|-------------|---------------------|-----------------------|--|--------------|
| | | | | |
| | | | | |

Secondary Beneficiary(ies)

| <i>Name</i> | <i>Relationship</i> | <i>% Distribution</i> | <i>Address (Street/P.O. Box, City, State, ZIP)</i> | <i>Phone</i> |
|-------------|---------------------|-----------------------|--|--------------|
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Adding or changing beneficiary information can be done through the new beneficiary database in HR Connect. This Beneficiary Designation Form will become a scanned document in our files, but entering your beneficiaries in this new database will make it easier for you to view or update them as needed online throughout the year.

The witness line must be completed if you have named any beneficiaries on this form. The witness cannot be your beneficiary or a member of your family, and the date of the witness' signature must be the same as yours.

Signature of witness in ink (blue preferred)

Witness's name (printed)

Signature date

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|--|--|--|---|--|--|---|--|--|--|--|

Signature of employee/retiree in ink (blue preferred) *Daytime phone number*

Signature date (MM/DD/YYYY)