MetLife

Group Term Life Insurance Beneficiary Designation

Metropolitan Life Insurance Company

Things to Know Before You Begin

- This form **MUST** be signed before you return it. See "SECTION 3 - Signature" on page 3.

You MUST return all pages of this form.

Utility Field 1	Utility Field 2	Utility Field 3	Utility Field 4

SECTION 1: Insured Information

Customer Number	Policyholder Name/Group Policyholder Name
5050044	**Civil Service Employees Association, Inc.**

First Name	Middle Name	Last Name

Address - Street	City	State	ZIP Code

Date of Birth *(mm/dd/yyyy)*	Phone Number	SSN

SECTION 2: Beneficiary Information

- You **MUST** designate at least one primary beneficiary. **A person may only be listed once.** Anyone listed in the primary section cannot be listed in the contingent section.
- The sum of the Primary Beneficiary percentages **MUST equal 100%.** The sum of the Contingent Beneficiary percentages **MUST equal 100%.** Dollar amounts, fractions and decimals will not be accepted.
- If you need more Space for additional beneficiaries, attach a separate page. Include all beneficiary information, and sign/date the page.

Please complete the section that pertains to the type of beneficiary you are designating.

☐ **A. Individual Beneficiaries**

Primary Beneficiary - Your first choice to receive your life insurance proceeds in the event of your death. If any primary beneficiaries predecease you, that person's share will be equally divided among any remaining primary beneficiaries.

First Name	Middle Name	Last Name	**Share %**

Address - Street	City	State	ZIP Code

Relationship to Participant	Social Security Number	Date of Birth *(mm/dd/yyyy)*	Phone Number

Primary Beneficiary *(Continued)*

First Name	Middle Name	Last Name	Share %
Address - Street	City	State / ZIP Code	
Relationship to Participant	Social Security Number	Date of Birth *(mm/dd/yyyy)* / Phone Number	

First Name	Middle Name	Last Name	Share %
Address - Street	City	State / ZIP Code	
Relationship to Participant	Social Security Number	Date of Birth *(mm/dd/yyyy)* / Phone Number	

Contingent Beneficiary - Your second choice to receive your life insurance proceeds if ALL of your primary beneficiary(ies) are not living at the time of your death. If any contingent beneficiaries predecease you, that person's share will be equally divided among any remaining contingent beneficiaries.

First Name	Middle Name	Last Name	Share %
Address - Street	City	State / ZIP Code	
Relationship to Participant	Social Security Number	Date of Birth *(mm/dd/yyyy)* / Phone Number	

First Name	Middle Name	Last Name	Share %
Address - Street	City	State / ZIP Code	
Relationship to Participant	Social Security Number	Date of Birth *(mm/dd/yyyy)* / Phone Number	

☐ **B. Living Trust -** ☐ Primary ☐ Contingent

If this form is executed by the insured, it is understood and agreed that if MetLife receives satisfactory proof that the aforesaid trust has been revoked or is not in effect at the insured's death, the beneficiary shall be the insured's Estate, unless otherwise indicated on this form.

Trust Name	Trust Date *(mm/dd/yyyy)*	Trustee Phone Number	Share %
Trustee - First Name	Middle Name	Last Name	
Trustee Address - Street	City	State / ZIP Code	

☐ **C. Testamentary Trust Created in the Insured's Will -** ☐ Primary ☐ Contingent

The trust(ee) under any last Will and Testament of mine as shall be admitted to probate.

Share %

☐ **D. Insured's Estate -** ☐ Primary ☐ Contingent

If the Insured's Estate is selected as the Primary Beneficiary, no Contingent Beneficiary may be named.

Share %

☐ **E. Charity/Organization -** ☐ Primary ☐ Contingent

Be sure to name the charity or organization and not the charity or organization director or an participant of that charity/organization.

Charity/Organization Name		Phone Number		**Share %**
Address - Street	City	State	ZIP Code	

SECTION 3: Signature

I hereby revoke any previous designations, and I designate the person, people, or entity named in Section 2 as Beneficiary(ies). I reserve the right to change or revoke this designation at any time.

Insured/Owner Name *(Please print)*

First Name	Middle Name	Last Name

Sign Here Signature of Insured/Owner | Date *(mm/dd/yyyy)* (*Must be date form was completed*)

☐ **Check if you are completing and signing this form as agent for the participant under a valid Power of Attorney. Return a copy of the Power of Attorney with this beneficiary form. The Power of Attorney paperwork is subject to review by MetLife.**

SECTION 4: How to Submit This Form

The participant should provide the completed form to their policyholder or benefits administrator. Retain a copy for your records.