



Church Life Insurance Corporation 19 East 34th Street New York, NY 10016 1-800-223-6602 or 212-592-1800

### Beneficiary Designation Form

This beneficiary designation is for this contract/policy number only – if you take a position in another diocese and enroll with group life or supplemental life insurance through this new diocese, a new beneficiary form will be required.

Benefit Amount: \$40,000

Contract/Policy #: GP1124434

Name:

Social Security #: On File

Gender  Male  Female

Birth Date:

Home Address:

**PLEASE DESIGNATE THE BENEFICIARY(IES) FOR YOUR CHURCH LIFE COVERAGE.**

The beneficiary is the person whom you want to receive the proceeds of this contract/policy(ies) upon your death. The signer of this form revokes all previous beneficiary designations for the death proceeds of this benefit, and also revokes any prior income arrangement delineated for any beneficiary. You have the right to change the beneficiary in the future.

**PRIMARY BENEFICIARY:** If you have **more than two Primary Beneficiaries**, or if you wish to name a *Contingent Beneficiary*, please use the back of this form, then **sign, date and have it witnessed**. (A Contingent Beneficiary will receive the proceeds if your Primary Beneficiary(ies) predeceases you.) If you wish any other special arrangement for the distribution of the proceeds, please give the details in a separate, signed and witnessed letter.

**Primary Beneficiary(ies):**

1. \_\_\_\_\_

First Name	M.I.	Last Name	Relationship & SSN
Gender <input type="checkbox"/> Male	<input type="checkbox"/> Female		

\_\_\_\_\_

Home Address	City	State	Zip	Birth date
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2. \_\_\_\_\_

First Name	M.I.	Last Name	Relationship & SSN
Gender <input type="checkbox"/> Male	<input type="checkbox"/> Female		

\_\_\_\_\_

Home Address	City	State	Zip	Birth date
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If you have named more than **one Primary Beneficiary**, please indicate, with an X, one of the following:

- Share and share alike.
- Share and share alike, survivor or survivors.

_____ Your Signature	_____ Please have an <b>adult witness</b> sign here (witness cannot be a named beneficiary)	_____ Date
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For "share and share alike," the proceeds of this insurance would be divided equally, or by percentage if indicated, among the named joint beneficiaries, including the estate of any beneficiary who had predeceased you. For "share and share alike, survivor or survivors," the proceeds of this insurance would be divided equally, or by percentage if indicated, among the joint beneficiaries, excluding the estate of any joint beneficiary who had predeceased you.

**Please read the "IMPORTANT NOTICES" at the end of this document.**

Please complete, sign and return this form to:  
Church Life Insurance Corporation  
19 East 34th Street, New York, NY 10016

**Please list any additional Primary Beneficiaries:**

3. \_\_\_\_\_  
First Name      M.I.      Last Name  
Gender    Male       Female  
\_\_\_\_\_  
Home Address      City      State      Zip

\_\_\_\_\_  
Relationship & SSN  
\_\_\_\_\_  
Birth date

4. \_\_\_\_\_  
First Name      M.I.      Last Name  
Gender    Male       Female  
\_\_\_\_\_  
Home Address      City      State      Zip

\_\_\_\_\_  
Relationship & SSN  
\_\_\_\_\_  
Birth date

**CONTINGENT BENEFICIARY:**

1. \_\_\_\_\_  
First Name      M.I.      Last Name  
Gender    Male       Female  
\_\_\_\_\_  
Home Address      City      State      Zip

\_\_\_\_\_  
Relationship & SSN  
\_\_\_\_\_  
Birth date

2. \_\_\_\_\_  
First Name      M.I.      Last Name  
Gender    Male       Female  
\_\_\_\_\_  
Home Address      City      State      Zip

\_\_\_\_\_  
Relationship & SSN  
\_\_\_\_\_  
Birth date

3. \_\_\_\_\_  
First Name      M.I.      Last Name  
Gender    Male       Female  
\_\_\_\_\_  
Home Address      City      State      Zip

\_\_\_\_\_  
Relationship & SSN  
\_\_\_\_\_  
Birth date

4. \_\_\_\_\_  
First Name      M.I.      Last Name  
Gender    Male       Female  
\_\_\_\_\_  
Home Address      City      State      Zip

\_\_\_\_\_  
Relationship & SSN  
\_\_\_\_\_  
Birth date

**If you have named more than one Contingent Beneficiary, please indicate, with an "X", one of the following:**

- Share and share alike.       Share and share alike, survivor or survivors.

\_\_\_\_\_  
Your Signature

\_\_\_\_\_  
Please have an **adult witness** sign here  
(witness cannot be a named beneficiary)

\_\_\_\_\_  
Date

For "share and share alike," the proceeds of this insurance would be divided equally, or by percentage if indicated, among the named joint beneficiaries, including the estate of any beneficiary who had predeceased you. For "share and share alike, survivor or survivors," the proceeds of this insurance would be divided equally, or by percentage if indicated, among the joint beneficiaries, excluding the estate of any joint beneficiary who had predeceased you.

**If you have used this side of the form to designate additional beneficiaries, please sign, have witnessed and date where indicated above.**

**Please read the "IMPORTANT NOTICES" at the end of this document.**

Please complete, sign and return this form to:  
Church Life Insurance Corporation  
19 East 34th Street, New York, NY 10016

### **IMPORTANT NOTICES**

1. A change of Beneficiary Designation becomes effective as of the day you have signed this form, provided that this form is fully completed, signed and witnessed (as appropriate) and received by Church Life. Please retain a copy of this form with your records.
2. Please note that if you have designated your current spouse as a beneficiary using this form, he or she will remain your beneficiary even if you subsequently divorce or legally separate, unless you affirmatively designate a new beneficiary by submitting another form to Church Life or you provide Church Life with written notice of your desire to revoke the beneficiary designation made pursuant to this form (in which case the default beneficiary provisions of the contract/policy(ies) would apply).