

# Group Term Life Insurance Beneficiary Designation

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

Customer Number

Employer Name/Group Policyholder Name

First Name

Middle Name

Anyone listed in the primary section cannot

be listed in the contingent section.

x The sum of the Primary Beneficiary percentages . The sum of the Contingent Beneficiary percentages  
. Dollar amounts, fractions and decimals will not be accepted.

x If you need more space for additional beneficiaries, attach a separate page. Include all beneficiary information, and sign/date the page.



Check if you are completing and signing this form as agent for the employee 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.

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

**Insured/Owner Name (Please Print)**

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**Insured/Owner Signature**

Date (must be date form was completed)

X \_\_\_\_\_

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