

INDIVIDUAL AND FAMILY GROUP LIFE INSURANCE – BENEFICIARY DESIGNATION

University of Wisconsin System
National Guardian Life Insurance Company Group Plan GL-60

Be sure your insurance is paid to the beneficiary of your choice. Even if you are satisfied to have your insurance paid to the standard sequence named in your certificate, you may expedite settlement by naming your beneficiary.

EMPLOYEE INFORMATION

NAME:	Last	First	Middle Initial	Social Security Number
HOME ADDRESS:	Street	City	State	Zip

Unless otherwise indicated, if two or more first beneficiaries or second beneficiaries are designated, any payment to them shall be made in equal shares or to the survivors in equal shares or all to the last survivor.

<u>EMPLOYEE COVERAGE Designation of Individual and Family Group Life proceeds payable at death of employee:</u>			
	Name	Address	Relationship
Primary	_____	_____	_____
	_____	_____	_____
	If the primary beneficiary DOES NOT SURVIVE me, then to:		
Contingent	_____	_____	_____
	_____	_____	_____

<u>SPOUSE COVERAGE Designation of Individual and Family Group Life proceeds payable at death of insured spouse:</u>			
	Name	Address	Relationship
Primary	_____	_____	_____
	_____	_____	_____
	If the primary beneficiary DOES NOT SURVIVE my spouse, then to:		
Contingent	_____	_____	_____
	_____	_____	_____

<u>CHILD COVERAGE Designation of Individual and Family Group Life proceeds payable at death of insured child:</u>			
	Name	Address	Relationship
Primary	_____	_____	_____
	_____	_____	_____
	If the primary beneficiary DOES NOT SURVIVE my child, then to:		
Contingent	_____	_____	_____
	_____	_____	_____

Insured Employee Signature _____ **Date** _____
Witness Signature _____ **Date** _____
Print Witness Name _____
Witness Address _____

Note to married Wisconsin Residents: Policy proceeds are a marital asset under state law. The spouse of the insured must consent to the above beneficiary designation if such spouse is not the sole primary beneficiary, by signing below.

Spouse of Insured _____

Retain a copy for your records and mail original to: University of Wisconsin System, Office of Staff Benefits, 780 Regent Street, Madison, WI 53715