LIFE INSURANCE BENEFICIARY DESIGNATION FORM



Insured GIC-ID:	Agency/Di	delen				
Insuled Glo-Ib.			2 1 0			
Insured Name: First		C / 1 0	0 0			
Street Address			The second of th			
City			St	ate	Zip Code	
YOU MUST READ INSTRUCTI	ONS ON BACK	(BEFORE (COMPLETING	FORM – PRINT CLEARLY IN CAP	PITAL LETTERS	
	BENEFI	CIARY #	1		RELATIONSHIP	
First Name	M.I.	Last Na	me 🗆 Same a	s Insured	□ Spouse	
				☐ Parent ☐ Child		
Street Address					☐ Brother/Sister	
					Other, specify:	
City		State	Zip Code	Country (if not U.S.A.)	% OF PROCEEDS	
		± 1		1 P	(Do Not Put \$ Amount)	
12.75	BENEFI	CIARY #	2		RELATIONSHIP	
First Name	M.I.	SECTION AND DESCRIPTION	me 🗆 Same a:	s Insured	□ Spouse	
					☐ Parent☐ Child	
Street Address Same as Insured					□ Brother/Sister	
					Other, specify:	
City		State	Zip Code	Country (if not U.S.A.)	% OF PROCEEDS	
					(Do Not Put \$ Amount)	
	BENEFI	CIARY #	3		RELATIONSHIP	
First Name	M.I.	SCHOOL SECTION AND	ne 🗆 Same as	s Insured	□ Spouse	
					☐ Parent	
Street Address Same as Insured					☐ Child ☐ Brother/Sister	
					☐ Other, specify:	
City		State	Zip Code	Country (if not U.S.A.)	% OF PROCEEDS	
		Ottato	Lip Code	Country (A not 5.5.7.)	(Do Not Put \$ Amount)	
I hereby make the above designation of beneficiary re	evoking any and all	previous bene	eficiary nominations	s and make the above nomination of benef	iciary with respect to all insur-	
ance provided now or at any time in the future under the	he group insurance	policy(ies). I s	still reserve the priv	illege of making other and future changes s	ubject to the policy provisions.	
If more than one beneficiary is designated, settlement of no designated beneficiary(ies) survive me, settlement the siblings, then to the estate.	nt will be made in e nt will be made as p	qual shares to rovided in the	such of the design policy in the follow	nated beneficiary(ies) as survive me, unle ring order; to the spouse, then to the childre	ss otherwise provided herein. in, then to the parents, then to	
Signatur	e of Insured			Da	ite	
DI FACE MAKE A CODY OF TH	IIS COMPLETE	FORM A	ND FILE WITH	YOUR IMPORTANT RECORDS AN	ID PAPERS.	
PLEASE MAKE A COPT OF IT	no comi eeie.					

Form 319: 1/2006

Commonwealth of Massachusetts ■ Group Insurance Commission P.O. Box 8747 ■ Boston, MA 02114-8747

PLEASE READ ALL INSTRUCTIONS AND EXAMPLES CAREFULLY BEFORE COMPLETING THIS FORM.

INSTRUCTIONS

- Please print all beneficiary information clearly in capital letters on the lines provided, indicating your beneficiary's name, relationship, address and the percentage of proceeds to be paid to each beneficiary. Incomplete forms will be returned. Refer to the samples illustrated to the right to assist you in the completion of your form.
- 2. If you do not provide a percentage of proceeds for your beneficiaries, the proceeds will be divided equally among all listed beneficiaries. If you provide a percentage for some but not all of the listed beneficiaries, your form will be returned to you to complete. DO NOT PUT A DOLLAR AMOUNT IN THE "% of Proceeds" BOX.
- 3. Use this form to designate up to three beneficiaries. If you wish to list more than three beneficiaries, DO NOT use this form. Instead, you must obtain a Nomination of Beneficiary form (G-500) from the GIC Coordinator at your worksite and use that form to list all your beneficiaries. If you are a retiree and need a G-500, please call (617) 727-2310 Ext. 1.
- 4. If you list beneficiaries who have the same last name as you, DO NOT write their last name. Instead, simply mark an "X" in the "Same as Insured" box for each beneficiary who has the same last name as yours.
- If you list beneficiaries who live at the same address as you, DO NOT write in their address. Instead, simply mark an "X" in the "Same as Insured" box for each beneficiary who lives at your address.
- Please sign and date the form clearly, in ink, where indicated. Keep a copy of the completed form with your important papers.
- Please return this completed form to the Group Insurance Commission.

100											188			ğ I	EN I	11	CI	AR	Y		Li		i i	Q,	(e		35	S.	23	12	i i	88	S	50			ä	RELATIONSHIP
Fire	Nan														Т	M	П	Las	il N	ame		u	Sec	10 2	4.17	NUP	ed					_	_	_				M Spoure
_	H	_	_		1	L	L	1	1	1	Ц		L	1	1	Q	1	Si	M	1	T	H	L	L	1	1	1	1	1		L	L	L	L	1			D Parent D Child
-	0 0	1	-						TI	R	E	E	I	1	11	RIE)	1	1	1		1	1	L	1	1	1	1	1	1		1	1	1	1	1		J Direct specify
City																			ŚW			p C					Cou	may	ø	pot	LZ	SA	Ū					% of Proceeds"
YI	U	R	T	0	W	N	L	1	1	1			1	1	1	1	1	1	MĮ.	A	0	1	12	13	14	1	1	1	1			1	ı	1	1	-		100%
														BE	MI	EFI	CI	AR	Y	Ū.	ij																	RELATIONSHIP
First	Nam														Т	MJ.	Т	Las	6.74	MY		0	San	ne s	di In	eun	rd.		_		_		_	_				U Spouse
-1	1				1	1	1	I	1	1	-			ľ	ı		ı	1	1	-		1	1	1	ı	ı	1	1	1	- 1		1	ı	1	ı	1		2 Parent 3 Chief
Stre	et Adk	dres	4	21	ior	10 a	s k	mia	red	_	_																				_		_		_	_		⊇ BrotherSoler
1	1					1	1	1	1	ì	1		ı	ŧ	ľ	ľ	T	ı	1	1		ı	ı	ı	ı	1	ı	1	1	1		r	r	ľ	ŧ	1		J Other, specify
City							_	_		_		_						1	Stat		24	PC	ode	•		4	ou	nby	p	ner	Ų.	S.A	i	Ť	_	_		% of Proceeds*
1	1					1	1	1	1	1	1		1	ı	1	1	1	1	1			1	1	1	ı		I	ı	1	1		1	ı	1	1	1		35 mat -
36				1										BE	NI	FI	CI.	A.R	Y	7	6												ď				33	RELATIONSHIP
First	Nam											Π			Т	MI	Т	Last	t Na	974		us	an	10.2	s in	(LE)	rd	7			_		-	_	Т			© Spoune
1	11				1	ı	I	1	1	1	1		1	1			1	1	1	1		Ĺ		1	1	1	1	1	1	1		ı	ı	ı	ı	1		Li Parent Li Child
Sire	et Ack	hes		33	ar	* 3	s ir	N/A	red		_				_				_					_	_	_	_	_	_									⊇BrohotSister
-	1		1		ľ	1	ľ	1	1	I	1		1	1	1	1	ī	1	1	-			1	1	ı	1	ï	1	ı	1		1	ĺ	I.	1	1		3 Other, specify:
City									-	-								1	Sal		Ζķ	p C	odn			0	ou	ritry	pr	net	L	SA	j		Ť	_		% of Proceeds*
1	1 1					1	ı	1	1	1	1		1	ı	r	r	ı	1	1	1		ĺ	ı	1	ï		ı	1	ì	1		ı	í	r	ı	1		

First Name	MI	ARY #1		O Spound									
BIEITIN	L	O N E S	1111	2 Perent 30 Child 2 Brother/State									
Sheet Address Same as Insuppl													
2 5 M(A 1 N S T			111	2 Other, specify.									
City State Zip Code Country of not U.S.A.)													
OURTOWN IIIII		MA 56789	1111	50%									
	NEFIC	ARY #2		RELATIONSH									
First Name M.I. Last Name Same as Insured													
AATTHEW	J			% Chid									
Street Address U Same as Insured				☐ Other, specify									
2 C E N T E R A V E													
(O U R T O W N	111	M(A 5 6 7 8 9	1111	50%									
and a real time of the conference of the confere	HITE	reference in the contract of t	ALC: N	RELATIONSH									
First Name	MIL	aut Name Same as Incured		ul Spouse									
11111111111111		11111111111111	CETT	2 Parent D Chiar									
Street Address - D Same as Insured													
	1 1 1		111										

- If you list two or more beneficiaries with a specific percentage designated to each, proceeds will be paid as you designated. If one of the beneficiaries dies before you, proceeds will be paid to the remaining beneficiary(ies).
- If you list more than one beneficiary and indicate 100% for each one, this means that when you die, the first beneficiary will receive 100% of the proceeds. However, if the first beneficiary dies before you, the second designated beneficiary will receive 100% of the proceeds. If the second beneficiary also dies before you, your third beneficiary will receive 100% of the payment.
- If all designated beneficiaries die before you, payment will be made according to the terms of your life insurance policies in effect at the time of your dea