

BENEFICIARY CARD for DEATH BENEFIT

- This card will be used to pay the employee's life benefits to the beneficiary assigned on the card.
- This card must be completed in full by the employee. Employee must sign and date the card for it to be considered valid.
- The employee may elect to change his or her beneficiary by completing and mailing to the Administrative Office another beneficiary card.
- Mail this form to the Administrative Office
- See your SPD for all terms related to the Death Benefit and Accidental Death and Dismemberment Benefit

Employee Name: (First) _____ (Middle Initial) _____ (Last Name) _____
 Social Security No. _____ - _____ - _____ Telephone # (____) _____ -- _____
 Address: (No. and Street) _____, (City) _____, (State and Zip Code) _____
 Date of Birth: ____/____/____ Gender: _____
 Marital Status (circle one): Single Married Widowed Divorced
 Spouse Name: (First) _____ (Middle Initial) _____ (Last Name) _____

Primary Beneficiary(ies):

Name	Address	Date of Birth	Telephone #	Relationship

Unless otherwise provided where two or more beneficiaries are named the proceeds shall be paid in equal shares to the named beneficiaries, if surviving the insured or to the survivor or survivors. If no beneficiary survives, payment shall be made in accordance with the terms of the policy. This designation revokes any and all previous designations. The right to further change the beneficiary is reserved unto the insured.

List the name and date of birth of spouse and legal dependents under the age of 19

Name	Address	Date of Birth	Telephone #	Relationship

Signature of Employee _____ Date _____

**MAIL ORIGINAL TO:
 UFCW LO. # 1529 & Emp. H&W Office
 661 North Ericson
 Cordova TN 38018**