## BENEFICIARY DESIGNATION FORM INSTRUCTIONS

You must select your beneficiary – the person (or more than one person) or legal entity (ore more than one entity) who received a benefit payment if you die while covered by the plans. Please make sure that you also name a contrigent beneficiary – who would receive your benefit if your primay beneficiary dies first.

The completion of this Beneficairy Form will revole any previous beneficiary designations(s), if any, for your group term life insurance and/or accidental death and dismemberment (AD&D) insurance issued to this group/employer. Please make sure your beneficiary designation is clear so that there will be no question as to your meaning. If you name more than on primary or contingent, show the percentage of your benefit to be paid to each beneficiary. The listed percentages must add up to 100%. Please provide all of the information requested. If your beneficiary is not related either by blood or by marriage, insert the words, "Not Related" as their stated relationship. If you need assistance, contact your Company's benefits administrator or your own legal advisior.

A beneficiary for employee Life Insurance may be changed at any time upon written request.

Please note that in no event may a beneficiary be changed by a Power of Attorney (POA).

Sample wording for common beneficiary designations are shown below:

Example # 1:

Jane Doe Relationship: Spouse Benefit Percentage: 100%

Example # 2:

Jane DoeRelationship:SpouseBenefit Percentage:50%Susan DoeRelationship:DaughterBenefit Percentage:25%John DoeRelationship:SonBenefit Percentage:25%

If additional space is required, write, "See attached", on the beneficiary line on the beneficiary deisngation form and attach a separate sheet listing all the required beneficiary information for each beneficiary listed. **This separate sheet should be signed by you (the Employee) and dated.** 

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	KETIKED BENEFIC	CIARY DESIGNATION	
	f any, for my group term life	insurance and/or accident	ne box). I hereby revoke any all death and dismemberment (AD&D) a under the policy be paid as indicated
Employee Name:		Employee ID Number:	Social Security Number:
Employee Address:		Telephone Number:	X X X-X X
Policyholder / Employer:		Policy Number	
name a primary and contingent ben	designation be clear so there eficiary. If you need assistan death are payable to YOU if	ce, contact our Company living, otherwise, We may	your intent. It is also important that you representative or your own legal counsel., at Our option, pay the benefit to Your
PRIMARY BENEFICIARY			
Name:			Date of Birth:
Address:			Telephone Number: ( )
Social Security Number:	Relationship:		Benefit Percentage%
Name:			Date of Birth:
Address:			Telephone Number: ( )
Social Security Number:	Relationship:		Benefit Percentage%
Name:			Date of Birth:
Address:			Telephone Number: ( )
Social Security Number:	Relation	onship:	Benefit Percentage%
CONTINGENT BENEFICIAR	Y		
Name:			Date of Birth:
Address:			Telephone Number: ( )
Social Security Number:	Relation	onship:	Benefit Percentage%
Name:			Date of Birth:
Address:			Telephone Number: ( )
Social Security Number:	Relationship:		Benefit Percentage%
Name:			Date of Birth:
Address:			Telephone Number: ( )
Social Security Number:	Relation	onship:	Benefit Percentage%
Nevada, New Mexico, Puerto Rico, Texa vaive his or her rights to any community your Benefits Administrator for details. This will certify that, as spouse of the Empeneficiaries of group life and/or acciden	perty States Only: If you live in is, Washington or Wisconsin – y property interest in the benefit.  Inployee named above, I hereby ital death insurance under the all	rou may compete the Spousal Certain tribal jurisdictions ma consent to my spouse design bove policy and waive any rig	
Signature of Employee's Spouse:			Date:
, the undersigned, reserve the right	to change the beneficiary (ie	es) without the consent of	said beneficiary (ies).
Signature of Employee:			Date:

Please note that in no event may a beneficiary be changed by a Power of Attorney (POA).