



Basic and Supplemental Life Insurance Designation of Beneficiary

DESIGNATION OF BENEFICIARY

Policyholder Name Church of the Brethren Benefit Trust Inc. Policy Number GL145627

Insured Name _____ Social Security Number _____
(Please complete a beneficiary form for each insured employee, spouse, and child, if applicable.)

Address _____ City _____ State _____ ZIP _____ - _____

Phone Number _____ Email _____
We will use your email address solely to communicate with you about Brethren Insurance Services.

I hereby designate the following as my beneficiary(ies) under the above policy number:

Primary Beneficiary(ies)

Full Name and Address	Percentage* (must total 100%)	Date of Birth	Relationship	Social Security Number	Email Address and Phone Number

*If no percentages are indicated, benefits will be divided equally among all primary beneficiaries.

Contingent Beneficiary(ies) (applicable only if you are not survived by one or more primary beneficiaries)

Full Name and Address	Percentage* (must total 100%)	Date of Birth	Relationship	Social Security Number	Email Address and Phone Number

*If no percentages are indicated, any benefits payable to contingent beneficiaries will be divided equally among all contingent beneficiaries.

- This beneficiary designation revokes all revocable prior beneficiary designations.
- Unless you indicate otherwise, if any beneficiary predeceases you, that beneficiary's share will be divided pro-rata among the surviving beneficiaries of the same class (primary or contingent).
- If additional space is needed, please attach a separate piece of paper with signature and date.

Signature of insured _____ Date _____