aetna℠

Aetna Life Insurance Company
Designation of Beneficiary

Before executing this form refer to other side. Please keep a copy for your records.

Group Policyholder Name	Group Policy Number

Employee/Retiree Name and Address	Employee/Retiree Social Security Number
	Employee/Retiree Date of Birth
	Employee/Retiree Phone Number

Subject to the terms of the above numbered Group Policy(ies), I request that any sum becoming payable by reason of my death be payable to the following beneficiary(ies). It is my understanding that this designation shall operate so as to revoke all designations of beneficiary and all elections of optional methods of settlement previously made by me under said Policy(ies). If this Designation of Beneficiary refers only to a Group Life Insurance Policy and if I am also insured for Supplemental and/or Group Accidental Death coverage, this designation shall apply to those coverages. This Designation of Beneficiary is subject to all "Conditions" shown on the reverse side of this form.

Employee/Retiree Signature	Date

Beneficiary Name and Address ☒ **Primary Beneficiary***

Relationship	Phone Number	Social Security Number	Date of Birth (MM/DD/YYYY)	Percentage

Beneficiary Name and Address (Please check one) ☐ **Primary Beneficiary*** *or* ☐ **Contingent Beneficiary****

Relationship	Phone Number	Social Security Number	Date of Birth (MM/DD/YYYY)	Percentage

Beneficiary Name and Address (Please check one) ☐ **Primary Beneficiary*** *or* ☐ **Contingent Beneficiary****

Relationship	Phone Number	Social Security Number	Date of Birth (MM/DD/YYYY)	Percentage

Beneficiary Name and Address (Please check one) ☐ **Primary Beneficiary*** *or* ☐ **Contingent Beneficiary****

Relationship	Phone Number	Social Security Number	Date of Birth (MM/DD/YYYY)	Percentage

*If more than one primary beneficiary is named, the primary beneficiaries shall share equally unless otherwise indicated above. If two or more primary or contingent beneficiaries are named, enter the percentage each beneficiary is to receive in the space provided, primary and contingent beneficiaries should both equal 100%.

**Contingent Beneficiary(ies) will only receive proceeds if all Primary Beneficiaries have predeceased the Insured. If you are naming more than one Contingent Beneficiary at 100% each, please indicate 1st contingent, 2nd contingent, 3rd contingent, etc. in the order of precedence.

Conditions

- PLEASE NOTE: The Group Contract grants the member the authority to designate a beneficiary. A beneficiary designated by someone other than the member (i.e. attorney-in-fact, Power of Attorney, guardian, custodian, etc) may be barred under the Group Contract, by the Power of Attorney executed by the member and/or by state law. The member should execute the beneficiary designation form whenever possible to ensure the designation is deemed valid.

- Unless otherwise expressly provided in this Designation of Beneficiary form, if any named beneficiary predeceases me, the life proceeds shall be payable equally to the remaining named beneficiary or beneficiaries. If no named beneficiary survives me, any sum becoming payable under said Group Policy(ies) by reason of my death shall be payable as prescribed in said Group Policy(ies).

- If this Designation of Beneficiary provides for payment to a trustee under a trust agreement, Aetna Life Insurance Company shall not be obliged to inquire into the terms of the trust agreement and shall not be chargeable with knowledge of the terms thereof. Payment to and receipt by the trustee shall fully discharge all liability of said Insurance Company to the extent of such payment.

- If you live in one of the following community property states - Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington, or Wisconsin – your spouse may have a legal claim for a portion of the life insurance benefit under state law. If you name someone other than your spouse as beneficiary, payment of the death benefit may be delayed until your spouse's claim is resolved.

Instructions

If these instructions do not answer all your questions, please contact your plan sponsor for assistance.

Please use only black ink to complete this form.

- If you make a mistake in completing this form, line out the erroneous information, add the correct information and initial the correction. **The printed material on this form should not be deleted or altered in any way.**

- **In all cases**, the relationship of the beneficiary, the beneficiary's social security number, address and phone number should be included with the beneficiary designations.

- **Dollars and cents should not be specified.**

- If a minor child is named beneficiary, the child will not receive the benefits until age of majority.

- If a trustee is named beneficiary, show the exact name of the trust, date of the trust agreement, and the name and address of the trustee.
  For example: The John J. Smith Revocable Life Insurance Trust, dated January 1, 1994. John Smith Trustee, 123 Apple Lane, Hartford, CT 06006.