

CHANGE OF NAME AND/OR BENEFICIARY FORM

PLEASE READ INSTRUCTIONS ON REVERSE SIDE

nsured					
	(First)		(Middle)		(Last)
Employer					
			(Group's Name)		
-			nade under Policy Num		<u>,</u>
Certificate Numb	er (if app	olicable)		·	
Change of	First, Middle, and Last				
Insured's Name	From:				
	To:				
Change of	Name(s), Date(s) of Birth, and Relationship(s)*				
Beneficiary					
Deficite at y					
esignated above understand that if to unders stated otherwords a trust is named as the deprovide us with the up	less I have two or mor ise. he beneficiary odated inform	indicated that it is e beneficiaries are , the trustee"s name ar	re it receives this form. A "irrevocable". designated, any payment to address must also be provided CELS AND SUPERSED	to them will be in equal	shares to the survivor(s) changes, you must inform us
ated at			this	day of	
	(City)	(State)			
			Signature o	f Owner	
			Street A	ddress	
			Silver A		
			City	\Q_f	ate Zin

INSTRUCTIONS

- 1. Please type (or print with ballpoint pen), except for signatures.
- 2. The form must be completed in full, dated, and properly signed in the presence of a witness.
- 3. No erasures or alterations are permitted. If an error is made, please complete a new form.
- 4. The insured's name must be printed exactly as it is currently shown in the insurance records.
- 5. This form must be submitted to Wellfleet Insurance.
- 6. In naming a beneficiary, please word the designation carefully and include the date of birth (d.o.b.) where possible. The examples given below represent the most common designations and may be used where they apply. If in doubt, or if you desire another designation, please consult with your attorney.
- 7. Unequal amounts. If you are requesting an unequal distribution, please use fractions or percentages (%) instead of dollar amounts. Or example, if you are covered for \$50,000 and you want \$30,000 paid to your wife, plus \$20,000 paid to your son, it could read:

60% to Mary E. Doe (d.o.b. 3/20/70), wife, if living; otherwise to James F. Doe (d.o.b. 5/18/94), son:

40% to said son, if living, otherwise said wife.

SUGGESTED WORDING OF TYPICAL BENEFICIARY DESIGNATIONS

- 1. One beneficiary: Mary E. Doe (d.o.b. 3/20/70), wife. (A married woman should not be shown as Mrs. John H. Doe.)
- 2. Two beneficiaries (equals amounts): Robert H. Doe (d.o.b. 4/4/48), father, and Carol A. Doe (d.o.b. 6/10/50), mother equally or to the survivor.
- 3. Three or more beneficiaries (equal amounts): James F. Doe (d.o.b. 5/18/94), Thomas A. Doe (d.o.b.7/12/93), Susan M. Doe (d.o.b. 12/20/92), children of the insured, equally or to the survivor(s).
- 4. Primary and Contingent beneficiaries: Mary E. Doe (d.o.b. 3/20/70), wife, if living; otherwise equally to the insured's then living child(ren).
- 5. Trustee beneficiary: The ABC Trust Company, Any Town, Any State, as trustee under written trust agreement dated XXX

Please return form with filed claim to: Wellfleet Insurnace.

1500 Main Street, Suite 1000 Springfield, MA 01115

1-855-664-5838 (Phone) 1-413-452-5486 (Fax) Email: workplaceclaims@wellfleetinsurance.com