



## 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 Insurance.**

**1500 Main Street, Suite 1000**

**Springfield, MA 01115**

**1-855-664-5838 (Phone) 1-413-452-5486 (Fax)**

**Email: [workplaceclaims@wellfleetinsurance.com](mailto:workplaceclaims@wellfleetinsurance.com)**