



Beneficiary Designation Form

Student Voluntary Term Life Insurance
Group Policy #: 886282 –

Aetna Life Insurance Company
Customer Service Ctr
151 Farmington Avenue, RT32
Hartford, CT 06516-3007
Telephone: 1-877-480-4161

Complete this form and mail it to the above address. Please print all information.

Section 1 – Covered Student/Insured Identification

Name (Last, First & Middle Initial)			
Home Address (Number and Street, City, State, ZIP Code)			
Social Security Number or School ID Number	Date of Birth (MM/DD/YYYY)	Daytime Phone Number	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Name and Address of College or University Attending			

Section 2 – Primary Beneficiary(ies) Percentage must equal to 100%.

#1 Name (Last, First & Middle Initial)			
Home Address (Number and Street, City, State, ZIP Code)			Telephone Number
Social Security Number	Date of Birth (MM/DD/YYYY)	Relationship to Insured	Percentage (%)
#2 Name (Last, First & Middle Initial)			
Home Address (Number and Street, City, State, ZIP Code)			Telephone Number
Social Security Number	Date of Birth (MM/DD/YYYY)	Relationship to Insured	Percentage (%)

Section 3 – Contingent Beneficiary(ies) Percentage must equal to 100%.

(Contingent beneficiary will receive benefits only if all primary beneficiaries pre-decease the Insured.)

#1 Name (Last, First & Middle Initial)			
Home Address (Number and Street, City, State, ZIP Code)			Telephone Number
Social Security Number	Date of Birth (MM/DD/YYYY)	Relationship to Insured	Percentage (%)
#2 Name (Last, First & Middle Initial)			
Home Address (Number and Street, City, State, ZIP Code)			Telephone Number
Social Security Number	Date of Birth (MM/DD/YYYY)	Relationship to Insured	Percentage (%)

Section 4 – Authorization

I hereby designate the person or person(s) listed as primary and contingent beneficiary(ies) to receive any death benefits under the Aetna Voluntary Student Discretionary Group Trust Policy, GP: 886282 . I understand that this designation automatically cancels any previous designations, which I have made for this plan and that I may change this designation at any time.	
Insured's Signature <i>(Must be age 18 or older to name a beneficiary.)</i>	Date (MM/DD/YYYY)
Parent or Legal Guardian's Signature <i>(Parent or Legal Guardian's signature required if the insured is under the age of 18.)</i>	Date (MM/DD/YYYY)

Keep a copy for your records.

Conditions

- 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. If you make the beneficiary someone other than your spouse, it may be a good idea to complete the spousal consent section, which allows the spouse to waive his or her rights to any community property interest in the benefit.

Instructions

- 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 and the beneficiary's social security number should be included with the beneficiary designations.
- If beneficiary is to be contingent, be sure to check the appropriate box. A Contingent Beneficiary will receive benefits only if the Primary Beneficiary(ies) do not survive the insured. If naming more than one Contingent Beneficiary at 100% each, please indicate 1st contingent, 2nd contingent, 3rd contingent, etc.
- If a married woman is named beneficiary, her full legal name should be shown.

For example: Mary J. Smith, not Mrs. John J. Smith. Likewise, if this form is to be signed by a married woman, she should sign her full legal name.

- If a minor child is named beneficiary, the date of birth along with the social security number must be given.
- When two or more beneficiaries are named, and they are not to share the benefits equally, enter the percentage each beneficiary is to receive on the form in the space provided. **Dollars and cents should not be specified. When added together, the sum of the percentages going to the two or more named beneficiaries should not total more than 100%.**
- 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.