

Beneficiary Designation and Change Form

Please submit completed form to Trustmark Life Insurance Co., P.O. Box 7952, Lake Forest, IL 60045.

Group Name: _____ Group #: _____

Employee Name: _____ SSN or Member ID: _____

Under the terms of the above group's contract(s), I, the insured, hereby request Trustmark Life Insurance Company to:

Accept the following beneficiary designation(s) for any and all life type benefits I may be enrolled in.
OR

Change my beneficiary and revoke all previously designated beneficiaries.

Type	Full Name	Relationship	Designated %	Special Note
Primary	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>
Primary	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>
Primary	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>
Contingent	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>
Contingent	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>

The right is reserved to change the beneficiary hereby designated without the consent of said beneficiary(ies). If more than one Primary beneficiary is designated, settlement will be made in accordance with the designated percentage indicated above or equal shares to such Primary designated beneficiaries as survives the insured when designated amount is not disclosed. If no Primary designated beneficiary(ies) survives the insured, settlement will be made in accordance with the designation of Contingent beneficiary(ies) or in accordance with the terms of the above group's contract(s).

Signatures Required: This change will not be valid unless signatures and Dates below are filled out completely.

Signature of Insured

Signature of Witness

Date

Date

TO BE COMPLETED IN COMMUNITY PROPERTY STATES WHEN BENEFICIARY IS NOT THE SPOUSE OF A MARRIED INSURED.

SIGNATURE OF SPOUSE+ _____ DATE APPROVED & CONSENTED TO: _____

Trustmark Life Use Only:

Accepted by: _____ Date: _____

P.O. Box 7952 • Lake Forest, Illinois 60045 • 866.373.9607 • Fax 847.615.3898