Clear Form

BENEFICIARY DESIGNATION

THE HARTFORD

☐ Initial Beneficiary Designation(s) OR ☐ Change of all prior beneficiary designation(s) *(check only one box),* I hereby revoke any previous beneficiary designation(s), if any, for my group term life insurance and/or accidental death and dismemberment (AD&D) insurance issued to this group or employer and direct that the insurance proceeds payable under the policy be paid as indicated below.

Employee Name					Social Security Number ☐☐☐ ☐☐ ☐☐☐☐
Employee Address	Street	City	State	Zip Code	Telephone Number ( )
Policyholder/Employer					Policy/Employer Number

NAMING YOUR GROUP LIFE BENEFICIARY

It is important that your beneficiary designation be clear so that there will be no question as to your intent. It is also important that you name a primary and contingent beneficiary. When naming your beneficiary(ies) please indicate their full name, address, social security number, and relationship. If the beneficiary is not related either by blood or marriage, insert the words, "Not Related." If more than one primary or contingent beneficiary is named without a percentage indicated, the proceeds will be divided equally. On the reverse side of this form you will find examples of common beneficiary designations. If you need assistance, contact your Company representative or your own legal counsel.

Benefits payable for a Dependent's death are payable to You if living, otherwise, We may, at Our option, pay the benefit to Your surviving spouse or to the executors or administrators of Your estate.

PRIMARY BENEFICIARY(IES)

Name: _____ Date of Birth _____

Address: _____
Street City State Zip Code

Social Security Number: _____ Relationship: _____ Benefit Percent: _____

Name: _____ Date of Birth _____

Address: _____
Street City State Zip Code

Social Security Number: _____ Relationship: _____ Benefit Percent: _____

CONTINGENT BENEFICIARY(IES)

Name _____ Date of Birth _____

Address: _____
Street City State Zip Code

Social Security Number: _____ Relationship: _____ Benefit Percent: _____

Name: _____ Date of Birth _____

Address: _____
Street City State Zip Code

Social Security Number: _____ Relationship: _____ Benefit Percent: _____

Spousal Consent For Community Property States Only: If you live in a community property state - Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington, or Wisconsin - you may complete the Spousal Consent section, which allows your spouse to waive his or her rights to any community property interest in the benefit. Disclaimer: spousal consent does not apply to ERISA plans.

This will certify that, as spouse of the Employee named above, I hereby consent to my spouse designating the person(s) listed above as beneficiaries) of group life insurance under the above policy and waive any rights I may have to the proceeds of such insurance under applicable community property laws. I understand that this consent and waiver supersede any prior spousal consent or waiver under this plan.

Signature of Employee's Spouse _____ **Date** _____

I, the undersigned, reserve the right to change the beneficiary(ies) without the consent of said beneficiary(ies).

Signature of Employee _____ **Date** _____