

## Supplemental Beneficiary Designations

Social Security No.

First Name/Middle Initial  Last Name

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**Note: Share of benefits must total 100% for primary beneficiaries (will receive benefits in the event of your death) AND 100% for contingent beneficiaries (will receive benefits if no primary beneficiary is living at the time of your death).**

Primary Beneficiary  Contingent Beneficiary

Type of Beneficiary Designation  Individual  Trust  Estate

Share of Benefits  % (whole percentages only) Relationship

Social Security No.  Date of Birth (mm/dd/yyyy)

First Name/Middle Initial  Last Name

Name of Trust/Estate

Trustee/Executor

Trust/Estate Tax ID  Effective Date

Mailing Address

City  State  Zip Code

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