

# SAMPLE

## PACIFIC'S LIFE BENEFICIARY DESIGNATION FORM

Employee Name (Last, First, Middle Initial) <b>Pacific, Joe</b>	Group Number: 215064
Employee Address <b>1234 Oak St. Stockton, CA 95211</b>	Social Security Number: <b>123-45-6789</b>
	Employee ID Number: <b>981234567</b>

### SECTION I - PRIMARY BENEFICIARY DESIGNATION

I hereby designate that upon my death, the person(s) listed below will receive benefits payable from the following University of the Pacific benefit plans: Group Basic Life Insurance, and Voluntary Term Life Insurance. Designations are not valid unless signed, dated, and delivered to the Pacific Human Resources during your lifetime. See Page 2 for further information.

				Percentage of Benefits	
Primary Beneficiary Full Name	Address	Rel*	Social Security #	Basic Life and AD&D	Voluntary Term Life and AD&D
1 <b>Jane Pacific</b>	<b>1234 Oak St.</b>	<b>Spouse</b>	<b>XY- xxx</b>	<b>90%</b>	<b>90%</b>
2 <b>UDP</b>	<b>3601 Pacific</b>	<b>/</b>	<b>94- 1156266</b>	<b>10%</b>	<b>10%</b>
3				%	%
4				%	%
*H - Husband W - Wife S - Son D - Daughter O - Other				Totals %	<b>100%</b>

### SECTION II - CONTINGENT BENEFICIARY DESIGNATION

If no named primary beneficiary(ies) survives me, the following are contingent beneficiaries.

				Percentage of Benefits	
Contingent Beneficiary Full Name	Address	Rel*	Social Security #	Basic Life and AD&D	Voluntary Term Life and AD&D
1 <b>UDP</b>	<b>Same</b>	<b>/</b>	<b>94- 1156266</b>	<b>100%</b>	<b>100%</b>
2				%	%
3				%	%
4				%	%
*H - Husband W - Wife S - Son D - Daughter O - Other				Totals %	<b>100%</b>

### SECTION III - EMPLOYEE SIGNATURE

DATE

**X**

**X**