

THE MPM GROUP, LLC

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Specialists in Employee Benefits

Change of Beneficiary Form for University of Kentucky Employees For use with Universal Life, Cancer, Short-term Disability, and Long-Term Care Policies

PART A Policy Owner Info			
Policy Owner's Name		Social Security No.	Date of Birth
Street Address	City	State	Zip Code
			Home Phone Number
Insurance Company Name		Policy Number	
PART B Change of Beneficiary Request			
Primary Beneficiary Name		Relationship	Percentage %
1)			
2)			
3)			
4)			
Secondary Beneficiary Name		Relationship	Percentage %
1)			
2)			
3)			
4)			
PART C Signature			
Policy Owner's Signature		Date	
X			

Please mail this form to MPM at the above address.