Trustmark
benefits beyond benefits

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BENEFICIARY DESIGNATION FORM

- All Beneficiary designations on the Policy/Certificate made prior to this date are revoked.
- If multiple parties are designated as Beneficiaries and there are no instructions, proceeds will be paid equally to the survivors.

Terms to Know

Insured: The person whose life is insured under the Policy (Policy Owner, Policy Owner's spouse, child, grandchild, stepchild, legal adopted child, etc.).

Policy/Certificate: Collectively refers to all documents outlining the terms of the insurance contract.

Policy Owner: You/your name

Company: Trustmark Voluntary Benefits

Beneficiary: The person/s receiving the death benefit payout following the death of the Insured.

Primary Beneficiary: The first person (or persons) in line to receive the benefit payout from the insurance Policy. (They may receive 100% of the benefits or a certain percentage.)

Contingent Beneficiary: The second person (or persons) in line to receive the benefit payout from the insurance Policy. This person (or persons) may receive the benefits if the Primary Beneficiary (or Beneficiaries) is ineligible.

Example 1:

Primary Beneficiary 1:	50%
Primary Beneficiary 2:	50%
Contingent Beneficiary:	100%

Example 2:

Primary Beneficiary 1:	100%
Contingent Beneficiary 1:	50%
Contingent Beneficiary 2:	50%

Any Policy/Certificate provision which requires endorsement of a Beneficiary change on the Policy/Certificate form is removed by mutual agreement of the Policy Owner and the Company. The Beneficiary may be changed at any time during the Insured's lifetime by written request satisfactory to the Company. Such change will only be binding on the Company when received at its home office and approved by the Company. However, once approved, the designation shall take effect as of the date it was signed by the Policy Owner, unless any payment was made or action was taken by the Company before receipt and approval and regardless of whether or not the Insured is living on the date of receipt.

This designation is made subject to all other terms and conditions of the Policy/Certificate and any assignments on record with the Company.

BENEFICIARY DESIGNATION FORM

Insured's Name:_____   Last 4 digits of Insured's Social Security Number _____

Policy Owner: _____   Policy/Certificate Number:_____

Please note the Primary Beneficiary percentages must add up to 100%.
In addition, the Contingent Beneficiary percentages must also add up to 100%.
The Beneficiary or Beneficiaries of the Policy/Certificate from this date shall be as follows:

BENEFICIARY (Last, First, M.I.)	Beneficiary Type	%	Relationship to Insured	Date of Birth
	☐ Primary ☐ Contingent			
Address		Phone#		Social Security #
BENEFICIARY (Last, First, M.I.)	Beneficiary Type	%	Relationship to Insured	Date of Birth
	☐ Primary ☐ Contingent			
Address		Phone#		Social Security #
BENEFICIARY (Last, First, M.I.)	Beneficiary Type	%	Relationship to Insured	Date of Birth
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	☐ Primary ☐ Contingent			
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BENEFICIARY (Last, First, M.I.)	Beneficiary Type	%	Relationship to Insured	Date of Birth
	☐ Primary ☐ Contingent			
Address		Phone#		Social Security #
BENEFICIARY (Last, First, M.I.)	Beneficiary Type	%	Relationship to Insured	Date of Birth
	☐ Primary ☐ Contingent			
Address		Phone#		Social Security #

I understand that by signing and submitting this form, I represent that I am the true owner of the Policy identified above and I have capacity to make these decisions. I understand that any fraudulent signatures or submissions will be subject to legal action.

X _____   Date _____
Owner Signature

X _____   Date _____
Spouse Signature
(required in Community Property States AZ, CA, ID, LA, NV, NM, TX, WA, WI)

If you choose to communicate with Trustmark Insurance by email, we strongly encourage you to use an encrypted email when sending sensitive and/or confidential information to ensure your information is safeguarded.