



Beneficiary Designation/Change Form

All full-time employees are insured for company-paid Life Insurance and Accidental Death & Dismemberment Insurance after 60 days of continuous employment.

Please complete, sign, and date this form to designate your beneficiary(ies). This form cancels all prior designations. If there are more than five (5) primary and/or four (4) contingent beneficiaries, please attach a separate sheet of paper. It is the employee's sole responsibility to give written notice to the company of any changes to his/her beneficiary designation.

Please note: Anyone named as a beneficiary under the age of 18 will not have immediate access to the proceeds. The Uniform Transfers to Minors Act requires a custodian to be assigned who will manage and invest the money until the minor reaches a certain age. For assistance assigning a custodian or establishing a trust, contact Health Advocate at 866-799-2691 or www.healthadvocate.com

If you have any questions, please contact the Benefits Team at 409-951-4223 or Benefits@brockgroup.com

Employee Information

Your name (last, first, middle initial)	Social security number

Primary Beneficiaries: (The total of all percentages must equal 100%)

Name	<u>Percentage</u> _____ %	Relationship
Address	Date of Birth	Social security number
Name	<u>Percentage</u> _____ %	Relationship
Address	Date of Birth	Social security number
Name	<u>Percentage</u> _____ %	Relationship
Address	Date of Birth	Social security number
Name	<u>Percentage</u> _____ %	Relationship
Address	Date of Birth	Social security number
Name	<u>Percentage</u> _____ %	Relationship
Address	Date of Birth	Social security number

Contingent Beneficiaries: (The total of all percentages must equal 100%)

Name	<u>Percentage</u> _____ %	Relationship
Address	Date of Birth	Social security number
Name	<u>Percentage</u> _____ %	Relationship
Address	Date of Birth	Social security number
Name	<u>Percentage</u> _____ %	Relationship
Address	Date of Birth	Social security number
Name	<u>Percentage</u> _____ %	Relationship
Address	Date of Birth	Social security number

Employee Signature

Employee Signature	Date	Time