

BENEFICIARY DESIGNATION FORM



Employee's Name: _____

This designation applies to all CIS sponsored Life plans available through your Employer. Designations are not valid unless signed, dated and delivered to the Employer during your lifetime. Please attach a separate page if additional space is needed.

BENEFICIARY INFORMATION				
PRIMARY - FULL NAME	ADDRESS	BIRTHDATE (MM/DD/YY)	RELATIONSHIP	% OF BENEFIT
CONTINGENT - FULL NAME	ADDRESS	BIRTHDATE (MM/DD/YY)	RELATIONSHIP	% OF BENEFIT

Beneficiary Information

- Your designation revokes all prior designations.
- Benefits are only payable to a contingent Beneficiary if you are not survived by one or more primary Beneficiary(ies).
- If you name two or more Beneficiaries in a class:
 1. Two or more surviving Beneficiaries will share equally, unless you provide for unequal shares.
 2. If you provide for unequal shares in a class, and two or more Beneficiaries in that class survive, we will pay each surviving Beneficiary his or her designated share. Unless you provide otherwise, we will then pay the share(s) otherwise due to any deceased Beneficiary(ies) to the surviving Beneficiaries pro rata based on the relationship that the designated percentage or fractional share of each surviving Beneficiary bears to the total shares of all surviving Beneficiaries.
 3. If only one Beneficiary in a class survives, we will pay the total death benefits to that Beneficiary.
- If a minor (a person not of legal age), or your estate, is the Beneficiary, it may be necessary to have a guardian or a legal representative appointed by the court before any death benefit can be paid. If the Beneficiary is a trust or trustee, the written trust must be identified in the Beneficiary designation. For example, "Dorothy Q. Smith, Trustee under the trust agreement dated _____."
- A power of attorney must grant specific authority, by the terms of the document or applicable law, to make or change a Beneficiary designation. If you have any questions, consult your legal advisor.

Dependent and Spouse Life Insurance, if any, is payable to you, if living, or as provided under your Employer's coverage under the Group Policy.

Signature _____

Date: _____