

International Beneficiary Designation Form Insurance Plans

See instructions before completing form.

1. PARTICIPANT INFORMATION

Participant name: _____ Social Security number (last four digits): _____
 Birth date: ____/____/____ Marital status: Married Single Widowed
 Home address: _____
 City: _____ State: _____ ZIP Code: _____
 Daytime telephone: (____) _____ Email address: _____
 Spouse name: _____ Spouse Social Security number: _____
 Spouse birth date: ____/____/____

2. APPLICABLE PLANS

This beneficiary designation applies to the life and/or accident plans maintained by GSFR, selected below, in which I am a participant.

Please check one: All life and accident plans Only _____ plan/coverage

I designate the following person(s) as my beneficiary(ies) to receive benefits payable, under separate accounts, from the plan(s) listed above in the event of my death. The benefit will be paid to my primary beneficiary(ies) living at the time of my death and in equal shares to each unless otherwise indicated. If no primary beneficiary is living at the time of my death, the benefit will be paid, under separate accounts, to my secondary beneficiary(ies) living at the time of my death and in equal shares to each unless otherwise indicated. If no primary or secondary beneficiary(ies) survives me, payment will be made according to the terms of the plan(s). For the plan(s) listed above, all prior beneficiary designations, if any, are revoked.

If you name more than one primary or secondary beneficiary and one of them predeceases you, GSFR will divide the benefits among the surviving primary or secondary beneficiaries (the legal term for this is "per capita"). Alternatively, to indicate that a beneficiary's portion should pass to his/her children if the named beneficiary should predecease you, please write "per stirpes" in the beneficiary box next to the beneficiary(ies) name(s).

3. PRIMARY BENEFICIARY(IES)

For each primary beneficiary, complete the information below. The percent designated must total 100%. Corrections to a beneficiary's name will void the designation.

Beneficiary(ies)	Relationship	Birth date	Social Security number	% Designated
Name: _____				
Name: _____				
Name: _____				
Name: _____				
Name: _____				

100% total

4. SECONDARY BENEFICIARY(IES)

Applicable only if there is no primary beneficiary living at the time of the participant's death. For each secondary beneficiary, please complete the information on the other side. The percent designated must total 100%. Corrections to a beneficiary's name will void the designation.

Continued on other side



4. SECONDARY BENEFICIARY(IES) CONTINUED

Participant name: _____ Social Security number (last four digits): _____

Beneficiary(ies)	Relationship	Birth date	Social Security number	% Designated
Name: _____				
Name: _____				
Name: _____				
Name: _____				
Name: _____				

100% total

5. PARTICIPANT SIGNATURE

Participant signature: _____ Date: ____/____/____

Instructions for Completing the International Beneficiary Designation Form Insurance Plans

Use of form

- **Plan provisions:** To designate a beneficiary(ies), or if you want to **revoke** a prior beneficiary designation, please complete this form according to the instructions. If there is no valid beneficiary designation at your death, the plan will determine your beneficiary.

General instructions for completing the form

- This form **must** be typed or completed in ink. If you make any changes to your written information, you must initial the changes. Corrections of a beneficiary's name in Section 3 or Section 4 will void this form.
- **Additional beneficiaries:** If you need additional space for designating beneficiaries, write "See Attached" in the space for the beneficiary designation and attach a separate page titled "Attachment to Beneficiary Designation Form." Attachment must also be signed and dated.
- **Copy:** Please retain a copy of your completed form for your files.
- **Effective date:** A beneficiary designation is effective only when a valid form is received by GSFR.
- For assistance in completing this form, call GSFR.
- **Return completed form to GSFR.**

Instructions for completing each section of the form

Section 1 – Participant information: List the full legal name of participant and spouse (if applicable) and other information as indicated. **Important:** If your marital status has changed and/or information you previously provided to GSFR is no longer correct, please attach copies of the appropriate document(s) to verify the change (i.e., marriage certificate, death certificate, complete divorce decree including the marital property settlement agreement).

Section 2 – Applicable plans: Check the box beside "All life and accident plans" or specify the plan or benefit affected by this beneficiary designation. **Do not check more than one box.**

- If you want this beneficiary designation to apply to all life and accident plans and benefits, check the first box only.
- If you want this beneficiary designation to apply only to a specific plan, check the second box and indicate the name of the plan.

Section 3 – Primary beneficiary(ies): List for each primary beneficiary the name, birth date, Social Security number and percent designated (to total 100%) if not equal shares. Secondary beneficiary(ies) are designated in Section 4. Generally, if no primary beneficiary named is living at the time of your death, benefits will be paid to the secondary beneficiary(ies).

- **Minors:** In order for a minor child(ren) to receive a death benefit, a guardian may need to be legally appointed to administer the property.
- **Foreign residents:** It is inadvisable to name a beneficiary who is a permanent resident of a foreign country. If such a person is named, furnish full address.
- **Estate:** A participant may designate the participant's estate as beneficiary. The wording for designating a participant's estate is "My Estate" or "The Estate of (participant's name)."
- **Power of attorney:** A power of attorney must grant authority for the attorney-in-fact to name beneficiaries. An attorney-in-fact can name himself as beneficiary only to the same extent (i.e., percentage) as named in the prior designation filed with GSFR. A copy of the power of attorney document must be submitted with the *Beneficiary Designation Form*.

Section 4 – Secondary beneficiary(ies): Complete the secondary beneficiary(ies) section to designate persons to receive benefits in the event none of your primary beneficiaries is living at the time of your death. For each beneficiary, list the name, birth date, Social Security number and percent designated (to total 100%) if not equal shares. For minors, see instructions for Section 3 above.

Section 5 – Participant signature: You must sign and date the *Beneficiary Designation Form*.