

GIC LIFE INSURANCE BENEFICIARY FORM G-500

For Four or More Beneficiaries, Estates, and Trust Designations



GIC ID (Usually Soc. Sec. No):		Agency/Division:	
Insured Name: First		Last	
Street Address		Country (if not USA)	
City		State	Zip Code

The effective date of an enrollee's life insurance beneficiary designation is the date that the Commission receives a completed beneficiary form.

Please include each beneficiary's name, address, relationship to you and percentage of proceeds. Do not put a dollar amount in the "% of Proceeds" column. PLEASE PRINT CLEARLY. Please make a copy of the completed form to keep with your important records and return original to the GIC. For Estate and Trust beneficiaries indicate name of Trustee or Personal Representative.

NAMED BENEFICIARIES, ESTATES, and TRUST DESIGNATIONS:						
1.	Name	Soc. Sec. No.	Date of Birth	Address	City	State
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						

I hereby make the above designation of beneficiary revoking any and all previous beneficiary nominations and make the above nomination of beneficiary with respect to all insurance provided now or at any time in the future under the group insurance policies. I still reserve the privilege of making other and future changes subject to the policy provisions.

If more than one beneficiary is designated, settlement will be made in equal shares to each of the designated beneficiary/beneficiaries that survive me, unless otherwise provided herein. If no designated beneficiary/beneficiaries survive me, settlement will be made as provided in the policy in the following order: to the spouse, then to the children, then to the parents, then to the siblings, then to the estate.

Signature of Insured	Date
PLEASE MAKE A COPY OF THIS COMPLETED FORM AND FILE WITH YOUR IMPORTANT RECORDS.	
Entered	Verified