CITY OF MEMPHIS LIFE INSURANCE
BENEFICIARY FORM
(Please check all that apply)

☐ **Death Benefit** ☐ **Contributory Life**

☐ **Voluntary Life** ☐ **Final Pay**

- -										
SOCIAL SECURITY #	**LAST**	**FIRST** EMPLOYEE NAME	**MIDDLE**	**MO**	**DAY**	**YR** DATE OF BIRTH	**MO**	**DAY**	**YR** DATE OF HIRE	**SEX**

IT IS YOUR RESPONSIBILITY TO KEEP YOUR BENEFICIARIES CURRENT.

*If a beneficiary is a minor, or if the benefit is payable to the estate it is required that a guardian or a legal representative be appointed prior to payment of the benefit.

Death Benefit Primary:

NAME, ADDRESS, TELEPHONE NUMBER OF BENEFICIARY(IES)	PERCENT	DATE OF BIRTH	SOCIAL SECURITY #	RELATIONSHIP TO EMPLOYEE (Spouse, parent, etc)
		/ /	- -	
		/ /	- -	

Contributory Life Primary:

NAME, ADDRESS, TELEPHONE NUMBER OF BENEFICIARY(IES)	PERCENT	DATE OF BIRTH	SOCIAL SECURITY #	RELATIONSHIP TO EMPLOYEE (Spouse, parent, etc.)
		/ /	- -	
		/ /	- -	

Voluntary Life Primary

NAME, ADDRESS, TELEPHONE NUMBER OF BENEFICIARY(IES)	PERCENT	DATE OF BIRTH	SOCIAL SECURITY #	RELATIONSHIP TO EMPLOYEE (Spouse, parent, etc.)
		/ /	- -	
		/ /	- -	

Final Pay Primary

NAME, ADDRESS, TELEPHONE NUMBER OF BENEFICIARY(IES)	PERCENT	DATE OF BIRTH	SOCIAL SECURITY #	RELATIONSHIP TO EMPLOYEE (Spouse, parent, etc.)
		/ /	- -	
		/ /	- -	

Note: If you wish to designate additional primary beneficiaries or designate contingent beneficiaries, please attach a separate sheet of paper and include your name, social security number and your date of birth.. A Contingent Beneficiary will receive benefits only if the Primary Beneficiary does not survive you.

I understand that the above named Beneficiar(ies) are for City of Memphis Life Insurance Polic(ies).

SIGNATURE **DATE** **TIME**

SIGNATURE OF BENEFITS REPRESENTATIVE **DATE**