



# UNIVERSITY OF NORTH ALABAMA

## Beneficiary Designation/Change Form

THIS FORM SERVES AS THE BENEFICIARY FORM FOR THE FOLLOWING COVERAGES: Guardian Basic Life, Guardian Supplemental Life, Aflac Accident, and the general University of North Alabama Beneficiary Form. For beneficiary forms for the Teachers' Retirement System (TRS), RSA-1, and/or TIAA-Cref, please contact Human Resources at extension 4291 or email { [HYPERLINK "mailto:benefits@una.edu"](mailto:benefits@una.edu) } to request the needed form(s).

**EMPLOYEE NAME:** \_\_\_\_\_  
Last Name, First Name, MI

**ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP CODE:** \_\_\_\_\_

**SOCIAL SECURITY NUMBER:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**I AUTHORIZE my employer to record and consider the individuals/instructions that I have named on this form as beneficiaries for benefits under the employee benefits plan.**

**BENEFICIARY INFORMATION:** Complete to designate a beneficiary or change the beneficiary designation); Include full proper name, relationship, and social security number of proposed beneficiary(s) – i.e. Mary A. Doe, wife, etc. Use back of form for additional beneficiary listings.

PRIMARY BENEFICIARY(S)					
1)	NAME:	RELATIONSHIP:	%:	SOCIAL SECURITY NUMBER:	DATE OF BIRTH:
	ADDRESS:				
2)	NAME:	RELATIONSHIP:	%:	SOCIAL SECURITY NUMBER:	DATE OF BIRTH:
	ADDRESS:				
CONTINGENT BENEFICIARIES					
1)	NAME:	RELATIONSHIP:	%:	SOCIAL SECURITY NUMBER:	DATE OF BIRTH:
	ADDRESS:				
2)	NAME:	RELATIONSHIP:	%:	SOCIAL SECURITY NUMBER:	DATE OF BIRTH:
	ADDRESS:				

If more than one primary and/or contingent beneficiary is designated and no percentage has been designated, settlement will be made in equal shares to such of the designated beneficiaries as survive the Insured, unless otherwise provided herein. If no designated beneficiary survives the Insured, settlement will be made to the estate of the Insured, unless otherwise provided in the Group Plan.

### UNIVERSITY OF NORTH ALABAMA – BENEFICIARY DESIGNATION

I instruct the University of North Alabama to pay, in the event of my death while employed with the University, the total amount of any unpaid salary, unpaid compensatory time, unused annual leave, and/or unused sick leave according to policy any other monetary entitlements not covered by other beneficiary forms, the beneficiary(s) listed in the above table. I understand that death benefits with the Teachers' Retirement System, TIAA-Cref, and/or RSA-1 will be distributed in accordance with the beneficiary forms prepared for each of those benefits.

I agree on behalf of myself and my heirs and assigns that payment so made shall be a complete discharge of the claim and shall constitute a release of the University from further obligation on account of the benefits. I hereby direct that should I survive either or both of the before mentioned beneficiaries, the amount which otherwise would have been payable to the beneficiary had he or she been living shall be paid to my estate.

\_\_\_\_\_  
**SIGNATURE OF INSURED** \_\_\_\_\_  
**DATE**