

WILKES UNIVERSITY
BENEFICIARY DESIGNATION FORM FOR SUNLIFE

Please Print

Name: _____

Social Security Number: - -

Address: _____

Gender: Male Female

Beneficiary Designation

Please complete this form if you need to elect beneficiaries for the first time or if you wish to change your current beneficiary(ies).

You **must** designate a Primary Beneficiary for each Core benefit and each Benefit Choice you elect. If you wish, you may also designate a Secondary Beneficiary for each Core benefit and each Benefit Choice you elect. A *Primary Beneficiary* is that person(s) to first receive the insurance benefits upon your death. A *Secondary Beneficiary* is that person(s) who would receive the insurance benefits upon your death if your designated Primary Beneficiary had died before you.

Notice:

If any of the following information is inaccurate or incomplete, this form will not be returned to you and the benefits payable upon your death will be distributed according to the guidelines of the insurance contract, the provisions of your estate and/or governing state law (whichever is applicable).

Signature

I verify that the information provided in this Beneficiary Designation Form is true and accurate.

Signature

Date

**Return completed and signed form to:
The Human Resources Development Office**



Before you return this form did you:

- Fill in your name, address and Social Security Number?
- Indicate your Primary Beneficiary(ies) for each benefit? (*required*)
- Indicate your Secondary Beneficiary(ies) for each benefit? (*optional*)
- Fully complete the information for each of your beneficiaries, including address, phone number, relationship, Social Security Number and date of birth?
- Indicate the benefit percentage as a whole percentage for each beneficiary?
- Make sure that the benefit percentage amounts for the Primary Beneficiaries under each benefit category equal 100%? Secondary Beneficiaries under each benefit category equal 100%?
- Attach the appropriate legal documents if your beneficiary is an Estate or Trust?
- Sign and date this document?
- Make and keep a copy of this document for your records? You must **return the original document** to The Human Resources Development Office.
- Refer to the ***example listed on the back page*** or call The Human Resources Development Office with your questions on how to properly complete this form?

WILKES UNIVERSITY

PRIMARY BENEFICIARY INSTRUCTIONS: If one individual is to be your Primary Beneficiary for all benefits, please complete the **Primary Beneficiary #1** section and write in 100% under each benefit category in the chart to the right of the beneficiary's information. If you will be indicating more than one Primary Beneficiary for each benefit or a different Primary Beneficiary for each benefit, you must fully complete the beneficiary information under #1 and #2 and #3. You must also indicate the percentage of the benefit each beneficiary is to receive in the chart to the right of that beneficiary's information. (Remember that each benefit percentage amount must be a whole number and if more than one beneficiary is named for a benefit, the sum of those benefit percentage amounts **must equal** 100%.) See Example on back page

Primary Beneficiary #1 (Required)

Name: _____
 Street Address: _____
 City, State, Zip Code: _____
 Telephone Number: (____) ____ - _____
 Relationship: _____
 Date of Birth: ____ / ____ / ____
 Social Security Number: ____ - ____ - ____

Benefit Category				
SunLife - Core Life Insurance	SunLife - Core AD&D Insurance	SunLife - Voluntary Term Life Insurance	SunLife - Voluntary AD&D Insurance	X
Benefit Percentage				
%	%	%	%	X%

+ + + + +

Primary Beneficiary #2 (If Applicable)

Name: _____
 Street Address: _____
 City, State, Zip Code: _____
 Telephone Number: (____) ____ - _____
 Relationship: _____
 Date of Birth: ____ / ____ / ____
 Social Security Number: ____ - ____ - ____

SunLife - Core Life Insurance	SunLife - Core AD&D Insurance	SunLife - Voluntary Term Life Insurance	SunLife - Voluntary AD&D Insurance	X
Benefit Percentage				
%	%	%	%	X%

+ + + + +

Primary Beneficiary #3 (If Applicable)

Name: _____
 Street Address: _____
 City, State, Zip Code: _____
 Telephone Number: (____) ____ - _____
 Relationship: _____
 Date of Birth: ____ / ____ / ____
 Social Security Number: ____ - ____ - ____

SunLife Life Ins. - Core Life Insurance	SunLife - Core AD&D Insurance	SunLife - Voluntary Term Life Insurance	SunLife - Voluntary AD&D Insurance	X
Benefit Percentage				
%	%	%	%	X%

Total Benefit Percentage (Add Primary Beneficiary # 1, 2 & 3)

100%	100%	100%	100%	100%
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WILKES UNIVERSITY

SECONDARY BENEFICIARY INSTRUCTIONS: If one individual is to be your Secondary Beneficiary for **all** benefits, please complete the **Secondary Beneficiary #1** section and write in 100% under **each** benefit category in the chart to the right of the beneficiary's information. If you will be indicating more than one Secondary Beneficiary for each benefit or a different Secondary Beneficiary for each benefit, you must fully complete the beneficiary information under #1 and #2 and #3. You must also indicate the percentage of the benefit each beneficiary is to receive in the chart to the right of that beneficiary's information. (Remember that each benefit percentage amount must be a whole number and if more than one beneficiary is named for a benefit, the sum of those benefit percentage amounts **must equal 100%**.) **See Example on back page.**

Secondary Beneficiary #1 (If Applicable)

Name: _____
 Street Address: _____
 City, State, Zip Code: _____
 Telephone Number: (____) _____ - _____
 Relationship: _____
 Date of Birth: ____ / ____ / ____
 Social Security Number: _____ - _____ - _____

Benefit Category				
SunLife Life Ins. - Core Life Insurance	SunLife - Core AD&D Insurance	SunLife - Voluntary Term Life Insurance	SunLife - Voluntary AD&D Insurance	X
Benefit Percentage				
%	%	%	%	%

+ + + + +

Secondary Beneficiary #2 (If Applicable)

Name: _____
 Street Address: _____
 City, State, Zip Code: _____
 Telephone Number: (____) _____ - _____
 Relationship: _____
 Date of Birth: ____ / ____ / ____
 Social Security Number: _____ - _____ - _____

Benefit Category				
SunLife Life Ins. - Core Life Insurance	SunLife - Core AD&D Insurance	SunLife - Voluntary Term Life Insurance	SunLife - Voluntary AD&D Insurance	X
Benefit Percentage				
%	%	%	%	%

+ + + + +

Secondary #3 (If Applicable)

Name: _____
 Street Address: _____
 City, State, Zip Code: _____
 Telephone Number: (____) _____ - _____
 Relationship: _____
 Date of Birth: ____ / ____ / ____
 Social Security Number: _____ - _____ - _____

Benefit Category				
SunLife Life Ins. - Core Life Insurance	SunLife - Core AD&D Insurance	SunLife - Voluntary Term Life Insurance	SunLife - Voluntary AD&D Insurance	X
Benefit Percentage				
%	%	%	%	%

Total Benefit Percentage (Add Secondary Beneficiary # 1, 2 & 3)

100%	100%	100%	100%	100%
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NOTICE: If any information is inaccurate or incomplete, this form will not be returned to you and the benefits payable upon your death will be distributed according to the guidelines of the insurance contract, the provisions of your estate and/or governing state law (whichever is applicable).

EXAMPLE OF FULLY COMPLETED BENEFICIARY INFORMATION

Primary Beneficiary #1 (Required)

Name: Carol Brown
 Street Address: 123 Maple Street
 City, State, Zip Code: Our Town, NY 11122
 Telephone Number: (212) 555 - 1234
 Relationship: Spouse
 Date of Birth: 4 / 15 / 1956
 Social Security Number: 123 - 45 - 6789

Benefit Category				
SunLife Life Ins. - Core Life Insurance	SunLife Core AD&D Insurance	SunLife - Voluntary Term Life Insurance	SunLife - Voluntary AD&D Insurance	X
Benefit Percentage				
100%	100%	74%	50%	%

+ + + + +

Primary Beneficiary #2 (If Applicable)

Name: William Brown
 Street Address: 432 Water Avenue
 City, State, Zip Code: Anytown, NJ 08003
 Telephone Number: (856) 555 - 8954
 Relationship: Son
 Date of Birth: 12 / 14 / 1978
 Social Security Number: 345 - 67 - 8912

SunLife Life Ins. - Core Life Insurance	SunLife - Core AD&D Insurance	SunLife - Voluntary Term Life Insurance	SunLife - Voluntary AD&D Insurance	X
Benefit Percentage				
0%	0%	13%	25%	%

+ + + + +

Primary Beneficiary #3 (If Applicable)

Name: Meredith Brown
 Street Address: 123 Maple Street
 City, State, Zip Code: Our Town, NY 11122
 Telephone Number: (212) 555 - 1234
 Relationship: Daughter
 Date of Birth: 6 / 5 / 1980
 Social Security Number: 155 - 66 - 7777

SunLife Life Ins. - Core Life Insurance	SunLife - Core AD&D Insurance	SunLife - Voluntary Term Life Insurance	SunLife - Voluntary AD&D Insurance	X
Benefit Percentage				
0%	0%	13%	25%	%

Total Benefit Percentage (Add Primary Beneficiary # 1, 2 & 3)

100%	100%	100%	100%	100%
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Return Fully Completed And Signed Form To:
THE HUMAN RESOURCES DEPARTMENT