

BENEFICIARY DESIGNATION FOR MEMBER INSURANCE

I designate the following person(s) as primary beneficiary (ies) for any amount payable upon my death for the MetLife insurance coverage. With such designation any previous designation of a beneficiary for such coverage is hereby revoked. I understand I have the right to change this designation at any time.

[Full Name (First, Middle, Last)]	Social Security #	Date of Birth (Mo/Day/Yr.)	Relationship	Share %
Address (Street, City, State, Zip)			Phone #	
[Full Name (First, Middle, Last)]	Social Security #	Date of Birth (Mo/Day/Yr.)	Relationship	Share %
Address (Street, City, State, Zip)			Phone #	
[Full Name (First, Middle, Last)]	Social Security #	Date of Birth (Mo/Day/Yr.)	Relationship	Share %
Address (Street, City, State, Zip)			Phone #	

Payment will be made in equal shares or all to the survivor unless otherwise indicated.

TOTAL:

If all the primary beneficiary (ies) die before me, I designate as contingent beneficiary (ies):

[Full Name (First, Middle, Last)]	Social Security #	Date of Birth (Mo/Day/Yr.)	Relationship	Share %
Address (Street, City, State, Zip)			Phone #	
[Full Name (First, Middle, Last)]	Social Security #	Date of Birth (Mo/Day/Yr.)	Relationship	Share %
Address (Street, City, State, Zip)			Phone #	

Payment will be made in equal shares or all to the survivor unless otherwise indicated.

TOTAL: