



Employer Paid Life and AD&D Beneficiary Designation and Change Form

Standard Insurance Company, National Accounts – CSU Team
920 SW Sixth Avenue Portland OR 97204-9675

Instructions

Please type or print clearly with a ball-point pen. All sections must be completed for processing. **You and a witness must sign and date for the beneficiary designation for change to be valid.** This beneficiary designation cancels all prior designations. Upon completion, please sign and mail to the address above. You will receive an acknowledgment that your beneficiary designation or change has been recorded.

Please check one: Beneficiary Designation Beneficiary Change Beneficiary Name Change

Employee and Plan Information

Member Name (Last, First, M.I.)		Social Security Number	
Address	City	State	Zip
Employer Name THE CALIFORNIA STATE UNIVERSITY - _____ (campus)		Policy Number 603267	

Beneficiary Designation

Complete for Employer-paid basic term Life and AD&D only. If you designate a trust or a trustee, you must have a written trust agreement. If you designate a minor (a person not of legal age) it may be necessary to have a guardian or a legal representative appointed before any death benefit can be paid. This means legal expense for the beneficiary and delay in payment of the insurance. Please take this into consideration when naming your beneficiary.

Beneficiary Examples:

Two Primary Beneficiaries:

Peter Smith	60%	77 America St, Anytown, USA 77777	000-00-7777	Husband
Anna Smith	40%	777 USA St, Anytown, USA 77777	000-00-7899	Daughter

One Primary & One Contingent Beneficiaries:

Primary:				
Peter Smith	100%	77 America St, Anytown, USA 77777	000-00-7777	Husband
Contingent:				
Quincy Smith	100%	789 Tree St, Anytown, USA 77777	000-00-7900	Son

*If any death occurs and a minor is the beneficiary, it may be necessary to have a guardian or a legal representative appointed before any death benefit can be paid.

PRIMARY

Full Name	% of Benefit	Address (street, city, state, zip)	Social Security #	Relationship	Date of Birth
_____	_____	_____	- -	_____	_____
_____	_____	_____	- -	_____	_____

CONTINGENT

Full Name	% of Benefit	Address (street, city, state, zip)	Social Security #	Relationship	Date of Birth
_____	_____	_____	- -	_____	_____
_____	_____	_____	- -	_____	_____

Signature of Employee _____ Date _____

Signature of Witness _____ Date _____

Print Witness Name and Relationship (i.e., son, friend, etc.) _____