



## Milwaukee Public Schools Group Life Insurance Beneficiary Change Form

Employee Name: Last, First, Middle Initial	Date of Birth / /	Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Single	Social Security Number / /	Employee ID Number
Address: Street	City	State	Zip Code	

### Beneficiary Designation

**Under the terms of the contract(s) for the Milwaukee Public Schools Group Life Insurance Plan, I hereby request the Trustmark Life Insurance Company to:**

***Change my beneficiary and revoke all previously designated beneficiaries.***

Any benefits payable by the MPS Group Life Insurance plan at my death shall be paid in equal shares, unless otherwise specified, to the designated primary beneficiary(ies) who survive me. OR, if I have entered the words "Standard Sequence" in the first name field below, the benefit shall be paid in accord with the standard sequence as defined in state law at the time of my death. (If you enter "Standard Sequence" do not enter any names on this form.)

	Name(s)	Address	Relationship	Percent
			SSN	
<b>PRIMARY</b>		-----		%
		-----		%
		-----		%
		-----		%
<b>SECONDARY</b>		-----		%
		-----		%
		-----		%
		-----		%

**SIGNATURES REQUIRED: THIS CHANGE WILL NOT BE VALID UNLESS SIGNATURES AND DATES BELOW ARE FILLED OUT COMPLETELY.**

Employee Signature	Date
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**Note:** If married and naming a beneficiary other than your legal spouse, your spouse's witnessed signature is required below. **I hereby consent to approve the named beneficiary or beneficiaries listed above.**

Spouse's Signature	Date
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Witness Signature	Date
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For Trustmark Life Use Only:

Accepted by:	Date:
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