

Beneficiary Designation Form

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Complete this form to request a change to your designated beneficiary.
The change will go into effect when we have recorded the change.

Terms to know	
Insured	The person whose life is insured under the Policy (Policy Owner, Policy Owner's spouse, child, etc.).
Policy/ Certificate	Collectively refers to all documents outlining the terms of the insurance contract.
Policy Owner	You/your name
Company	Trustmark Insurance Company Trustmark Life Insurance Company of New York (For life insurance issued in NY)
Primary Beneficiary	The first person (or persons) in line to receive the proceeds from the insurance Policy. They may receive 100% of the benefits or a percentage if you designate more than one primary beneficiary.
Contingent Beneficiary	The second person (or persons) in line to receive the proceeds from the insurance Policy. This person (or persons) may receive 100% of the benefits or a percentage, if you designate more than one Contingent Beneficiary. The Contingent Beneficiary is a secondary beneficiary, if all designated Primary Beneficiaries are unable to receive the proceeds.

Example 1

Primary Beneficiary 1	50%
Primary Beneficiary 2	50%
Contingent Beneficiary	100%

Example 2

Primary Beneficiary	100%
Contingent Beneficiary	50%
Contingent Beneficiary	50%

Please note: The Primary Beneficiary percentages must add up to 100%. In addition, the Contingent Beneficiary percentages must also add up to 100%.

Any Policy/Certificate provision which requires endorsement of a Beneficiary change on the Policy/Certificate form is removed by mutual agreement of the Policy Owner and the Company. The Beneficiary may be changed at any time during the Insured's lifetime by written request satisfactory to the Company. Such change will only be binding on the Company when received at its home office and approved by the Company. However, once approved, the designation shall take effect as of the date it was signed by the Policy Owner, unless any payment was made or action was taken by the Company before receipt and approval and regardless of whether or not the Insured is living on the date of receipt. This designation is made subject to all other terms and conditions of the Policy/Certificate and any assignments on record with the Company.

Beneficiary Designation Form

Insured's Name: _____ Insured's Social Security Number (last 4 digits): _____

Policy Owner: _____ Policy/Certificate Number: _____

Please note: The Primary Beneficiary percentages must add up to 100%.
In addition, the Contingent Beneficiary percentages must also add up to 100%.

The Beneficiary or Beneficiaries of the Policy/Certificate from this date shall be as follows:

Beneficiary Name (Last, First, M.I.)	Beneficiary Type <input type="checkbox"/> Primary <input type="checkbox"/> Contingent	% of Proceeds	Relationship to Insured	Date of Birth
Address		Phone #		Social Security #

Beneficiary Name (Last, First, M.I.)	Beneficiary Type <input type="checkbox"/> Primary <input type="checkbox"/> Contingent	% of Proceeds	Relationship to Insured	Date of Birth
Address		Phone #		Social Security #

Beneficiary Name (Last, First, M.I.)	Beneficiary Type <input type="checkbox"/> Primary <input type="checkbox"/> Contingent	% of Proceeds	Relationship to Insured	Date of Birth
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Beneficiary Name (Last, First, M.I.)	Beneficiary Type <input type="checkbox"/> Primary <input type="checkbox"/> Contingent	% of Proceeds	Relationship to Insured	Date of Birth
Address		Phone #		Social Security #

Beneficiary Name (Last, First, M.I.)	Beneficiary Type <input type="checkbox"/> Primary <input type="checkbox"/> Contingent	% of Proceeds	Relationship to Insured	Date of Birth
Address		Phone #		Social Security #

I understand that by signing and submitting this form, I represent that I am the true owner of the Policy identified above and I have capacity to make these decisions. I understand that any fraudulent signatures or submissions will be subject to legal action.

Owner Signature: _____ Date: _____

Spouse Signature: _____ Date: _____
Required in Community Property States AZ, CA, ID, LA, NV, NM, TX, WA, WI

Witness Signature: _____ Date: _____
Required in the state of MA. Must be over the age of 18 and cannot be the beneficiary.