

Employee Life Benefit Beneficiary Adjustment Request

Employee Name

Employee ID

Department

Date

Current Beneficiary Information

| Name | Relationship | Percentage |
|------|--------------|------------|
| | | |
| | | |

Requested Beneficiary Change

| Name | Relationship | Percentage |
|------|--------------|------------|
| | | |
| | | |

Reason for Change

Employee Signature

Date

For HR Use Only

Reviewed By

Date

Comments