BENEFICIARY DESIGNATION AND CHANGE FORM

Please submit completed form to Trustmark Life Insurance Company, P.O. Box 7904, Lake Forest, IL 60045.
You may also contact us at:
Telephone: 800-351-2526
Fax: 847-615-3935
Email: premium@trustmarkins.com

Group Name:________________________________ Group #:_______________________________

Employee Name:_____________________________ SSN or Member ID:______________________

Under the terms of the above group's contract, I, the insured, hereby request Trustmark Life Insurance Company to:

☐ Accept the following beneficiary designation(s) for any and all life type benefits I may be enrolled in.
OR
☐ Change my beneficiary and revoke all previously designated beneficiaries.

All primary and contingent beneficiaries, whether adults or minors, should be included in the beneficiary designation below.

Primary Beneficiaries (Total Primary Beneficiary % of Benefit must equal 100%):

Beneficiary Name (last, first, middle initial)	Date of Birth	Social Security Number	Relationship	% of Benefit
Address (street or P.O. Box)	City	State	ZIP Code	Phone Number
Beneficiary Name (last, first, middle initial)	Date of Birth	Social Security Number	Relationship	% of Benefit
Address (street or P.O. Box)	City	State	ZIP Code	Phone Number
Beneficiary Name (last, first, middle initial)	Date of Birth	Social Security Number	Relationship	% of Benefit
Address (street or P.O. Box)	City	State	ZIP Code	Phone Number
Beneficiary Name (last, first, middle initial)	Date of Birth	Social Security Number	Relationship	% of Benefit
Address (street or P.O. Box)	City	State	ZIP Code	Phone Number

Contingent Beneficiaries (Total Contingent Beneficiary % of Benefit must equal 100%):

Beneficiary Name (last, first, middle initial)	Date of Birth	Social Security Number	Relationship	% of Benefit
Address (street or P.O. Box)	City	State	ZIP Code	Phone Number
Beneficiary Name (last, first, middle initial)	Date of Birth	Social Security Number	Relationship	% of Benefit
Address (street or P.O. Box)	City	State	ZIP Code	Phone Number
Beneficiary Name (last, first, middle initial)	Date of Birth	Social Security Number	Relationship	% of Benefit
Address (street or P.O. Box)	City	State	ZIP Code	Phone Number

The right is reserved to change the beneficiary hereby designated without the consent of said beneficiary(ies). If more than one Primary Beneficiary is designated, settlement will be made in (1) accordance with the designated percentage indicated above or (2) equal shares to such Primary Beneficiary(ies) as survives the insured when a designated percentage is not indicated. If no Primary Beneficiary survives the insured, settlement will be made in accordance with the designation of Contingent Beneficiary(ies) or in accordance with the terms of the group contract.

Signatures Required: This change will not be valid unless signatures and dates below are filled out completely.

____
Signature of Employee

____
Signature of Witness

____
Date

____
Date

Spousal Consent for Community Property States Only
If you are married, live in a community property state (Arizona, California, Idaho, Nevada, New Mexico, Texas, Washington, or Wisconsin), and name someone other than your spouse as beneficiary, you must have your spouse sign below to waive his or her rights to any community property interest in the benefit.

This will certify that, as spouse of the Employee name above, I hereby consent to my spouse designating the person(s) listed above as beneficiaries of group term life coverage and waive any rights I may have to the proceeds of such coverage under applicable community property laws. I understand that this consent and waiver supersede any prior spousal consent or waiver.

____
Signature of Spouse

____
Date

Trustmark Life Insurance Company Use Only:

Accepted by:__________________________________ Date:__________________________