

Life Insurance Beneficiary Designation Form

City of Dalton

Plan Participant Printed Name: _____

Primary or Contingent Beneficiary (circle one)

Name	Relationship	Gender	SSN	DOB
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Address				Percent
<input type="text"/>				<input type="text"/>

Primary or Contingent Beneficiary (circle one)

Name	Relationship	Gender	SSN	DOB
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Address				Percent
<input type="text"/>				<input type="text"/>

Primary or Contingent Beneficiary (circle one)

Name	Relationship	Gender	SSN	DOB
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Address				Percent
<input type="text"/>				<input type="text"/>

Primary or Contingent Beneficiary (circle one)

Name	Relationship	Gender	SSN	DOB
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Address				Percent
<input type="text"/>				<input type="text"/>

Participant Signature _____

Date

Witness Signature _____

Date