

Beneficiary Designation Form for Insurance Plan

Please send a signed copy of this form to your Center's AIARC coordinator by email.

This form is used to designate primary and/or secondary beneficiaries who will receive the financial benefit from your insurance coverage in the event of your death. A beneficiary refers to a person or trust that is eligible to receive the financial benefit upon the participant's (account holder's) death. Please note that as a plan participant you are responsible for ensuring that your designated beneficiaries (and their respective contact information) are current and accurate.

The percentage of distribution upon your death for all primary beneficiaries must equal 100%; likewise, for secondary beneficiaries. If you need more space to list additional beneficiaries, photocopy the applicable pages or provide all the information requested on a separate sheet.

If any of your primary beneficiaries are deceased at the time of your death, that beneficiary's portion of your assets will be divided equally among your surviving primary beneficiaries, if any. Your secondary beneficiaries will inherit your assets only if you have no surviving primary beneficiaries at the time of your death.

Participant Name: (Surname, First, Middle)	Center Name:	AIARC ID#
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Primary Beneficiary Type: check all that apply

- Spouse
Requires Address

 Individual(s)
Requires Address

 Trust
 To the trustee of a trust created under my last will

 My Estate

 Charity/Entity
Requires complete information

Section of will that identifies trustee: _____

1. (Complete all applicable fields below)

				%
(Surname, First, Middle / Trust or Charity Name)	(Relationship to me)	(Gender)	(Birth or Trust date) (dd /mm/yyyy)	(Percentage)

Street Address:	
Town:	Region/ State:
Country:	ZIP/Postal Code:
Phone:	Email:

2.

				%
(Surname, First, Middle / Trust or Charity Name)	(Relationship to me)	(Gender)	(Birth or Trust date) (dd /mm/yyyy)	(Percentage)

Street Address:	
Town:	Region/State:
Country:	ZIP/Postal Code:
Phone:	Email:

3.

				%
(Surname, First, Middle / Trust or Charity Name)	(Relationship to me)	(Gender)	(Birth or Trust date) (dd /mm/yyyy)	(Percentage)

Street Address:	
Town:	Region/State:
Country:	ZIP/Postal Code:
Phone:	Email:

Total % must equal 100%.

