

Instructions to Complete Form

- If a mistake is made, line out the erroneous information, add the correct information and initial the correction. The printed material on this form should not be deleted or altered in any way.
- In all cases, the relationship of the beneficiary should be included with the beneficiary designation.
- If a married woman is named the beneficiary, her full given name should be shown. (For example: Mary J. Smith, not Mrs. John J. Smith.) The same applies if the form is to be signed by a married woman.
- If a minor child is named beneficiary, the birth date along with the social security number must be given.
- When two or more are named beneficiaries, and they are not to share equally, enter the percentage each beneficiary is to receive on the form in the space provided. Dollars and cents should not be specified.
- If a trustee is named beneficiary, show the name of the trust name and address and the date of the trust agreement. (For example: The John J. Smith Revocable Life Insurance Trust with the Trust Company of Hartford Connecticut, 456 Pearl Street Hartford, CT 06110, as Trustee under Trust Agreement Dated January 1, 2010.)
- **Signature of Employee** – Please sign and date the form. This form must also be signed and dated by a witness (who is not your designated beneficiary).
- Please return the original Designation of Beneficiary Form to the Office of Human Resources Development, FASB, University of Hartford, 200 Bloomfield Avenue, West Hartford CT 06117.

Conditions

- Unless otherwise expressly provided in this Designation of Beneficiary form, if any named beneficiary predeceases me, the life proceeds shall be payable equally to the remaining named beneficiary or beneficiaries. If no named beneficiary survives me, any sum becoming payable under said Group Contract(s) by reason of my death shall be payable as prescribed in said Group Contract(s).
- If this Designation of Beneficiary form provides for payment to a trustee under a trust agreement, said Insurance Company shall not be obliged to inquire into the terms of the trust agreement and shall not be chargeable with knowledge of the terms thereof. Payment to and receipt by the trustee shall fully discharge all liability of said Insurance Company to the extent of such payment.
- Said Insurance Company will honor the most currently dated Designation of Beneficiary form.

Note: All life insurance policies are term insurance and are discontinued upon separation of employment