

PLEASE PRINT



Change of Beneficiary

GE Financial
Employer Services Group

Group Title
GE Group Life Assurance Company
P.O. Box 810
Greenfield, MA 01302-0810

Name Of Employee/Insured (Last, First, Middle Initial)

Prior Last Name

Social Security Number

Name Of Employer/Association

Group Policy/Account Number

Address Of Employer/Association

Instructions For Naming Beneficiary On Reverse Side

Primary Beneficiary(ies) (Last, First, Middle Initial)

Relationship To Employee

Address

Contingent Beneficiary(ies) (Last, First, Middle Initial)

Relationship To Employee

Address

I designate the beneficiary shown above to receive all sums which may become due on account of my death under the group coverage provided by GE Group Life Assurance Company under the above Group Policy or Account Number and revoke any and all former beneficiary designations with respect to this policy.

Date

Signature Of Employee/Insured

Disinterested Witness

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Date

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Disinterested Witness

Instructions For Naming Beneficiary

1. Give complete name of beneficiary and relationship to you. If beneficiary is not a close relative, identify by giving complete present address.
2. If beneficiary is a married woman, show given name. (Mary J. Doe, not Mrs. John M. Doe.)
3. An employee may **not** designate his/her employer as beneficiary.
4. Unless otherwise provided, proceeds will be payable in equal shares to those primary beneficiaries who survive the employee, but if no primary beneficiary survives the employee such proceeds will instead be payable in equal shares to those contingent beneficiaries who survive the employee.
5. If you wish to designate any arrangement other than the Primary-Contingent designation, please send complete instructions to Group Title Dept. of GE Group Life Assurance Company and special forms will be prepared.

Note: This is a revocable beneficiary designation. You may designate a new beneficiary from time to time subject to the conditions and provisions of the Group Policy.