TRANSAMERICA
WORKSITE MARKETING

Transamerica Occidental Life Insurance Company
Transamerica Life Insurance Company
Monumental Life Insurance Company
Life Investors Insurance Company of America

Group Term Life Insurance Beneficiary Designation/ Beneficiary Change Form

This beneficiary designation cancels all prior beneficiary designations and settlement agreements for the certificate. Please read the instructions before completing this form. The proceeds shall be paid in one lump sum to the designate Beneficiary(ies), unless otherwise requested.

INSTRUCTIONS: Type or print clearly with a ball-point pen. All Sections must be completed for processing. **You must date and sign this form for it to be valid.** Upon complete, forward the form to USI Affinity, at the address below. When the Designation has been recorded on the insurance records, a confirmation letter will be returned to you to attach to your certificate.

The right is reserved to change the beneficiary hereby designated, without the consent of said beneficiary except in community property states*. If more than one beneficiary is designated, and unless otherwise stated, beneficiaries of like classes shall share equally with right of survivorship. If no designated beneficiary survives the insured, settlement will be made in accordance with the terms of the below Policy/Certificate.

REQUEST CHANGE FOR: ☐ **Employee Beneficiary** ☐ **Spouse Beneficiary**

Group Name:_____ Policy/Certificate Number:_____

Certificate Holder:_____ Social Security Number:_____

Address:_____

Under the terms of the above policy/certificate, I hereby designate the following:

Primary Beneficiary:_____ Contingent Beneficiary:_____

Relationship:_____ Relationship:_____

This form must be signed by the insured and a witness.

All witnesses who sign this form are verifying that they witnessed the signing of this form by the Certificate Holder in person. **A witness must sign this form and it must be signed and dated by the Certificate Holder to be valid.**

*In community property states, the spouse of the insured must sign this form if the beneficiary is anyone other than the spouse.

_____ _____

Signature of Certificate Holder | Date Signed

_____ _____

Signature of Witness | Signature of Irrevocable Beneficiary or Assignee

TWM-Beneficiary-0405

Please return form to:
AON Union Benefits Customer Service Dept
WrapPlan®II Administrator
1060 Maitland Center Commons Suite 210
Maitland, FL 32751