



Marion County LIFE INSURANCE BENEFICIARY / NAME CHANGE

PLEASE PRINT

Standard Insurance Co.

Employee's Name (LAST, FIRST, MI)	Department & Division	Day-time Phone
Policy / Policy No: Mark the plan(s) for which this change is to be made <input type="checkbox"/> Group Life & AD&D - 466932-G (Premiums paid by Marion County)		Employer / Policyowner Marion County
<input type="checkbox"/> Voluntary Term Life - 100127 (Additional Life Insurance Option, Premiums paid by employee)		

BENEFICIARY CHANGE: Read the following instructions before entering information

If you designate a trust or a trustee, you must have a written trust agreement. If you designate a minor (a person not of legal age) it may be necessary to have a guardian or a legal representative appointed before any death benefit can be paid. This means legal expense for the beneficiary and a delay in payment of benefit. Please take this into consideration when naming your beneficiary.

BENEFICIARY EXAMPLES:

For Two Primary Beneficiaries:	% of Benefit	Address and Telephone No.	Relationship
Peter Smith	60%	123 State St, Salem, OR 97301 503-588-1111	Husband
Anna Smith	40%	456 Main St, Charlotte, NC 28213 704-241-2222	Daughter
For One Primary & One Contingent:			
Primary: Peter Smith	100%	123 State St, Salem, OR 97301 503-588-1111	Husband
Contingent: Anna Smith	100%	456 Main St, Charlotte, NC 28213 704-241-2222	Daughter

PRIMARY DESIGNATION

Full Name	% of Benefit	Address and Telephone No.	Relationship
_____	_____	_____	_____
Full Name	% of Benefit	Address and Telephone No.	Relationship
_____	_____	_____	_____

CONTINGENT DESIGNATION

Full Name	% of Benefit	Address and Telephone No.	Relationship
_____	_____	_____	_____
Full Name	% of Benefit	Address and Telephone No.	Relationship
_____	_____	_____	_____

Employee's Signature: _____ Date _____ Empl. No. _____

Please make a copy for your records and send form to Employee Benefits.