



CITY OF MONTGOMERY PERMANENT EMPLOYEE DESIGNATION OF BENEFICIARY

On this two page form, you need to designate the persons you wish to leave (A) the proceeds from your City life insurance policy and (B) your accrued payroll benefits (unpaid salary, sick leave and vacation time, etc.) in the event of your death.

If you name more than one Primary Beneficiary, unless you direct otherwise, they will share equally. If you fail to select a Primary Beneficiary, any insurance and accrued payroll benefits to which you may be entitled will be paid to your estate.

If a Primary Beneficiary dies before you, that Beneficiary's interest and right to recover will end. If you name two or more Primary Beneficiaries, and one of them dies before you, the remaining Beneficiary or Beneficiaries will be paid all of your life insurance and accrued payroll benefits. You have the right to designate one or more persons to be Contingent Beneficiaries; in this way, if your Primary Beneficiary(ies) dies before you, instead of the proceeds going to your estate, the money would be paid to the Contingent Beneficiaries who survive you.

If any Primary Beneficiary or Contingent Beneficiary is a minor (under the age of 19 and has not had his/her disabilities of non-age removed) or is mentally incapacitated, the City will pay the person's share of the proceeds to such Beneficiary's court-appointed Guardian.

It is your right and responsibility to change your Beneficiary(ies) at any time before your death, should you wish to do so, by completing a new form designating your new Beneficiary(ies). The change will become effective on the date the form is signed.

PLEASE MAKE SURE THIS FORM IS COMPLETE BEFORE YOU SIGN AND DATE IT.

EMPLOYEE NAME: _____ (Print)

EMPLOYEE SOC SEC NUMBER: _____

EMPLOYEE DATE OF BIRTH: _____

A. LIFE INSURANCE PROCEEDS

1. PRIMARY BENEFICIARY (IES)

Name	Relationship	Date of Birth	Social Security #
A. _____	_____	_____	_____
B. _____	_____	_____	_____
C. _____	_____	_____	_____

Address (include zip code)

A. _____	_____	_____	_____
B. _____	_____	_____	_____
C. _____	_____	_____	_____

2. CONTINGENT BENEFICIARY (IES)

Name	Relationship	Date of Birth	Social Security #
A. _____	_____	_____	_____
B. _____	_____	_____	_____
C. _____	_____	_____	_____

Address (include zip code)

A. _____	_____	_____	_____
B. _____	_____	_____	_____
C. _____	_____	_____	_____

(CONTINUED ON BACK)

B. ACCRUED SALARY/LEAVE BENEFITS

1. PRIMARY BENEFICIARY

Name	Relationship	Date of Birth	Social Security #
A. _____	_____	_____	_____
B. _____	_____	_____	_____
C. _____	_____	_____	_____

Address (include zip code)

A. _____
B. _____
C. _____

2. CONTINGENT BENEFICIARY

Name	Relationship	Date of Birth	Social Security #
A. _____	_____	_____	_____
B. _____	_____	_____	_____
C. _____	_____	_____	_____

Address (include zip code)

A. _____
B. _____
C. _____

EMPLOYEE SIGNATURE: _____ DATE: _____

WITNESSED BY (SIGN NAME): _____ DATE: _____

WITNESSED BY (PRINT NAME): _____

Return completed form to the Risk Management Benefits Division
City Hall
103 N. Perry St.
Montgomery, AL 36104