## GIC LIFE INSURANCE BENEFICIARY FORM-319

For one to three beneficiaries



Insured GIC ID (Usually Soc. Sec. No.):	Agency/[	Division	n				
		/	1 1	1 1			
Insured Name: First	-	M.I.	Last				
			1.1	1 1	1 1		1     1
Street Address					IL		
		1	1 1 1	1 1	1 1		-
City			<del>                                     </del>		State	Zip Code Country (if not US	[
		1	1 1	1 1			" <b>"</b> 
YOU MUST READ INSTRUCTION	S ON BA	CK BE.	FORE CO	MPLETII	NG FO	RM PRINT CLEARLY IN CAPITAL	LETTERS
	BENEF	ICIA	RY #1	·	:		RELATIONSHIP
First Name	M.	.l.   L	ast Name	□ Sam	e as Ins	sured	☐ Spouse
							☐ Parent
Street Address							☐ Child☐ Brother/Sister☐
							Other, specify:
City			State 2	Zip Code		Country (if not U.S.A.)	C Guillan, apasany.
Social Security Number Date of	Birth			Phone	Numb	er (Optional)	% OF PROCEEDS (Do Not Put \$ Amount)
	/	/			-		(So Not Lat 4 Milionity
1	BENEF	ICIA	R,Y #2				RELATIONSHIP
First Name	М.	l. L	ast Name	☐ Same	e as ins	sured	☐ Spouse
			1   1	1 1	1 1		☐ Parent
Street Address			1 1 1		<u> </u>		□ Child
	1 1 1	1	1 1 1	1 1	1 1 .		☐ Brother/Sister
City		!	State 2	Zip Code		Country (if not U.S.A.)	Other, specify:
, 	1 1 1	1		1 1	1 1	Southly (if not 0.0.7.)	
Social Security Number Date of	Birth			Phone	Numb	er (Optional)	% OF PROCEEDS
	/	11	1 1 1	1 170116	- 14 <b>U</b> IIID		(Do Not Put \$ Amount)
	BENEF	ICIA	DV #3				
First Name				D 0			RELATIONSHIP
	, M.		ast Name	□ Same	e as ins	sured	☐ Spouse☐ Parent
							☐ Child
Street Address				. 8			☐ Brother/Sister
							☐ Other, specify:
City			State   Z	Zip Code		Country (if not U.S.A.)	
Social Security Number Date of	Birth			Phone	Numb	er (Optional)	% OF PROCEEDS (Do Not Put \$ Amount)
	/	/			_   -		
I hereby make the above designation of beneficiary revoki	ng any and al	l previo	us heneficier	v nominativ	one and r	make the shows nomination of honefisi	roop act to all insures
provided now or at any time in the future under the group	insurance po	olicies. I	still reserve	the privile	ge of ma	king other and future changes subject to the p	policy provisions.
If more than one beneficiary is designated, settlement wi	ll be made in	equal s	shares to ea	ch of the d	esignate	d beneficiary(ies) that survive me, unless oth	erwise provided herein.
If no designated beneficiary(ies) survive me, settlement to the siblings, then to the estate.	vill be made a	as provi	ided in the po	olicy in the	following	g order: to the spouse, then to the children, the	nen to the parents, then
<u> </u>							
Signature o	f Insured					Date	
		MPLF	TED FOR	MANDI	FILE W	ITH YOUR IMPORTANT RECORDS.	
For GIC Use Only Entered						rified	
CIO COO CIIIY   LIILGIGU					ı ver	uned	

Please return form to: Group Insurance Commission, P.O. Box 8747, Boston, MA 02114

(See over for Form-319 instructions)

## GIC LIFE INSURANCE BENEFICIARY FORM-319 INSTRUCTIONS

## PLEASE READ ALL INSTRUCTIONS AND EXAMPLES CAREFULLY BEFORE COMPLETING THIS FORM.

- Please print all beneficiary information clearly in capital letters on the lines provided, indicating your beneficiary's name, relationship, Social Security number, date of birth, address and the percentage of proceeds to be paid to each beneficiary. Incomplete forms will be returned. Refer to the samples illustrated to the right to assist you in the completion of your form.
- 2. If you do not provide a percentage of proceeds for your beneficiaries, the proceeds will be divided equally among all listed beneficiaries. If you provide a percentage for some but not all of the listed beneficiaries, your form will be returned to you to complete. DO NOT PUT A DOLLAR AMOUNT IN THE "% of Proceeds" BOX.
- 3. Use this form to designate up to three beneficiaries. If you wish to list more than three beneficiaries, an estate or trust, DO NOT use this form. Instead, you must obtain a GIC Life Insurance Beneficiary Form G-500 from your GIC Coordinator and use that form to list all your beneficiaries. If you are a retiree and need a G-500, please call 617.727.2310.
- 4. If you list beneficiaries who have the same last name as you, DO NOT write their last name. Instead, simply mark an "X" in the "Same as Insured" box for each beneficiary who has the same last name as yours.
- 5. If you list beneficiaries who live at the same address as you, DO NOT write in their address. Instead, simply mark an "X" in the "Same as Insured" box for each beneficiary who lives at your address.
- 6. Please sign and date the form clearly, in ink, where indicated. Keep a copy of the completed form with your important papers.
- Please return this completed form to the Group Insurance Commission, P.O. Box 8747, Boston, MA 02114.
- The effective date of an enrollee's life insurance beneficiary designation is the date that the GIC receives the completed beneficiary form.

distribution	THE RES	No.	7	1	В	ENE	FICI	ARY #	120	1700	tione	T(TA)		œ.	No.	<b>(28)</b>		and the	RELATIONSHIP
First Name -						1	M.I.	Last Nam	10	Q Sam	e as in	sured			-	_		_	M Spoure
JOHN!	OHNI IIIIII Q SMITTHIIIIIIIIII									1	☐ Parent								
Street Address	Q Same	es ins	ured	-				-	-			-	_	-	-	_	_		C) Child
1/0/01 1	YOUI	RISI	TIR	IE IE	iTi:	n B	Di	91.100	1 :	0.00	1.31	10.01	-1	100		r	Ties.		C3 Brother/Sister
City	10101					1.		State	12	p Code		Co	untry	Of not	U.S.	+	-		Ci Other, specify:
YIO URIT	FIOWI	Ni i	1	1.1	1.1	1	1 1	MIA		112	1314	1	1	1 1	1	7			
Social Security		-	_	Date	of Bir	th	-	Parily 4	, ,		e Numi	-	ntino	-	_	+	+	_	% OF PROCEED
1 2 3 - 4		6 7	8 (9	110	01/1	1 0	[71]	1  9  6	0						4 5	16	17	1	100%
					B	ENE	FICI	ARY #	2										RELATIONSHIP
First Name						1	VLI.	Last Nam	16	Q Sam	e as in	sured						_	Cl Spouse
1111	111	1.1	1.1	1.1	1.1	- 1		1.1	1	1.1	iπ	1.1	1	100	1	i i	1	1.00	CI Parent
Street Address	O Same	as ins	ured						3 - 3					-	-	_	-		C CHIM
										☐ Brother/Sister									
City		-		-			-	State	ĪΖ	o Code	_	Co	aretry.	(If nat	U.S.	ΰ	-	_	Other, specify:
1111	1.1.1	1.1	1 1	1.1	1.1	T	1.1	10	Ιi	1.1	1.3	1	1	1.31	76	100			1
Social Security	Number			Date	of Bir	ħ	•		•	Phon	e Numi	er (C	ntion	7		-	-	-	% OF PROCEED
1 1 1-1	1 1-1	1.1	1	1	1/1	1	1/1	1.1	ï	1	1 1-	1.1	1	1-1	1	1	(Do Het Put & Ameunt		
\$600 H H2	Sec.	3/10	400		6	ENE	FICE	ARY #	3	100	Dis					ò	Ė		RECATIONSHIP
First Name						1	A.I.	Lest Nam		Q Sem	e es in	surad	_			_			☐ Spouse
1.1.1.1	The real parties of the present control of the cont								C3 Parent										
Street Address	O Same	ea Ing	ured	-	-	-	-		-	-			+		_	+	1	- 1-	CI CHIM
1111	1.1.1	1.1	1	1.1	1 1	1	1.1	1.1		1.1	1 1	11	7	t i	7	į.	1		☐ Brother/Sister
City State Zip Code Country of not U.S.A.)										-	Cl Other, specify:								
TOTAL D	3.3 0	St 3	6.0	1.7	130	1	0.0	1	"	1		1	,	1	1	7		( W	
Social Security	Number	-	-	Date	of Bir	h -	1 1		-	Dhon	a Numi	- (C	-	-		1	1		% OF PROCEED
1 1 1-1	1 1-1	9.9	1	1	111	7	111	7.5		· /ICG	I I	- (0	PAROENI I	7	1				(On Not Put & Assessed
	4.47				1/1	_	11		_	_	1-	1	_	1-		_	_	_	and the second second

第一个时间,他们是一个时间	BE	TEFICI	ARY #	1	Mich.	With	700	£F3	741	3	911	137	20	100	RELATIONSHIP			
First Name	777	M.L.	Last Narr		Sam	as in	pured				_				☐ Spouse			
BIEITIHI I I I I I I	1111	LI.	JOIN	E	SI	1	1 1	1	1.1	-1	1	1	1	1	CI Parent			
Street Address 🖸 Same as Insured		0.00-0.00								_	_	_	_		III Child			
11010   YOUURISITIR	ELEIT	RIDI	1413	1.1	21.0	E E	1.1	10	1.1	- (	E	1	1	1	☐ Brother/Sister ☐ Other, specify:			
City			State	Zip	Cade		Co	intry	If not	U.S.	A)		•	_	Li Other, specify:			
YOURITIOWN I	1111	111	MA	0	112	3 4	1	-1	1 1	1	1	1	1	1				
Social Security Number Date of Birth Phone Number (Optional)											% OF PROCEEDS							
1[2 3 + 4 5 - 6 7 8 9	1,2//1	12//1	1 9 8	16	6 1	71-	111	2 3	1-1	4	516	617	1		50%			
	BEI	IEFICI.	ARY #	2											RELATIONSHIP			
First Name	0-71	M.I.	Last Nam	e X	Sam	as ins	ured							- 1	☐ Spouse			
MATTHEW I	1111	J	1.1	1.1	n s	i I	H	1	1 1	1	1	1	T	1	□ Perent			
Street Address D Same as Insured			700										•	*	M Child			
100 INOURSTR	EIEITI	RD	11	11	1	1	1.1	1	1 1	-1	1	1	1	1	☐ Brother/Sister			
City			State	Zφ	Code		Cos	mby (	¥ nat	U.S.	A)		-	-	U Other, specify:			
YOURITOWN !!	LIII	LII	MA	0	1 2	314	Li	1	1.1	1	T.	7	T.	$\Gamma$				
Social Security Number Date of Birth Phone Number (Optional)											•	% OF PROCEEDS						
1/2/31-4/5/-16/7/8/9	1/1//1	11/11	98	8	5 1	71-	11	2 3	1-1	41	516	317	1		50%			

- If you list two or more beneficiaries with a specific percentage designated to each, proceeds will be paid as you designated. If one of the beneficiaries dies before you, proceeds will be paid to the remaining beneficiary/beneficiaries.
- If you list more than one beneficiary and indicate
  100% for each one, this means that when you die,
  the first beneficiary will receive 100% of the
  proceeds. However, if the first beneficiary dies
  before you, the second designated beneficiary will
  receive 100% of the proceeds. If the second
  beneficiary also dies before you, your third
  beneficiary will receive 100% of the payment.
- If all designated beneficiaries die before you, payment will be made according to the terms of your life insurance policies in effect at the time of your death.