# BENEFICIARY DESIGNATION CHANGE FORM: INSTRUCTIONS

You, as the policy Owner, must select a beneficiary who is to receive a benefit payment should the insured die while this policy is active.

**IMPORTANT INFORMATION**

### Definitions:

* **Owner**: The person(s), business, charity, Trust, or entity with the right to make all decisions regarding the policy.
* **Insured**: The person who is insured by the policy(ies) and upon whose death the Beneficiaries will receive the proceeds of the claim. The Insured may also be the Owner.
* **Primary Beneficiary:** This is the person/party you select to receive life insurance proceeds after the Insured’s death.
* **Contingent Beneficiary:** This is the person/party you select to receive life insurance proceeds after the Insured’s death if no Primary Beneficiaries survive the Insured.

### Other considerations:

* The completion of this Beneficiary Designation Form will revoke any previous beneficiary designation(s), if any, for the individual life insurance policy with The Hartford.
* A witness, other than the designated Beneficiary, must sign the form at the time of designation. **For MA residents**, the witness must also be 18 years of age or older.
* Only the policy Owner(s) of record on the date of this form may designate or change a Beneficiary.
* If there is more than one policy Owner, all policy Owners must sign this form in order for it to be effective.
* If you are signing this document in the capacity of a Trustee or Officer you must include your title with your signature.
* If you are signing this document pursuant to a Power of Attorney (POA) **you must attach a copy of the POA** when submitting this form\*.
* Beneficiary change requests can only be made during the lifetime of the Insured. Upon The Hartford’s receipt of this completed form, in good order, the Beneficiary change will be effective as of the date it was signed by the policy Owner(s) and whether or not the Insured is living when we receive it. The change, however, will be subject to any payment that The Hartford may have made or actions it may have taken prior to receipt of the completed form.
* If a new Beneficiary is a Corporation, Partnership, Non-Profit Organization, Limited Liability Company (LLC), Sole Proprietorship, or other non- natural entity select “Corporation/Organization” as the Beneficiary Description and include the legal name, full address, and Tax ID number of the entity.
* If a new Beneficiary is a Trust select “Trust” as the Beneficiary Description and include the full Trust Name and Date. **You must attach a copy of the first page and signature page of the trust document when submitting this form.**
  + Before making payment to any Trust, The Hartford reserves the right to require satisfactory written evidence that the Trust is in effect and evidence of the identity of the Trustee(s) who are qualified to act on behalf of the Trust. The Hartford shall be fully protected in acting in reliance upon such evidence.
  + The Hartford’s responsibility for the payment of proceeds ends with the payment to the Trustee(s); it has no responsibility regarding any subsequent distribution.
* If no Death Benefit Share % is indicated for multiple Beneficiaries, an equal division is assumed among all Beneficiaries.
* Contingent Beneficiaries receive benefits ONLY if no Primary Beneficiary survives the Insured(s).

Please make sure your beneficiary designation is clear so that there will be no question as to your meaning. If you name more than one primary or contingent beneficiary, show the percentage or your benefit to be paid to each beneficiary. The listed percentages must add up to 100%. Please provide all of the information requested. If your beneficiary is not related either by blood or by marriage, insert the words, “Not related” as their stated relationship. If you need assistance, you may discuss with your own legal advisor.

A beneficiary may be changed at any time upon written request.

**\* Please note** that a designation changed by a Power of Attorney will only be recognized to the extent the Power of Attorney has the ability to designate or change the beneficiary under applicable law.

The Hartford® is The Hartford Financial Services Group, Inc. and its subsidiaries, including underwriting companies Hartford Life and Accident Insurance Company and Hartford Fire Insurance Company. Home Office is Hartford, CT. The Hartford is the administrator for certain group benefits business written by Aetna Life Insurance Company and Talcott Resolution Life Insurance Company (formerly known as Hartford Life Insurance Company). The Hartford also provides administrative and claim services for employer leave of absence programs and self-funded disability benefit plans.

# BENEFICIARY DESIGNATION CHANGE FORM: EXAMPLES

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| Sample wording for common beneficiary designations are shown below: | | | |
| **Example 1:** |  |  |  |
| Description: Individual | Name: Jane Doe | Relationship: Spouse | Benefit Percentage: 100% |
| **Example 2:** |  |  |  |
| Description: Individual | Name: Richard Doe | Relationship: Son | Benefit Percentage: 50% |
| Description: Individual | Name: Mary Doe | Relationship: Daughter | Benefit Percentage: 50% |
| **Example 3:**  Description: Trust | Name: ABC Trust | Relationship: Not related | Benefit Percentage: 100% |



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| **BENEFICIARY DESIGNATION CHANGE FORM** | **Mail to:** The Hartford Conversion Unit One Integrity Parkway  Cleveland, OH 44143-1500  **Fax to:** (440) 646-9339 |

The completion of this Beneficiary Designation Form will revoke any previous beneficiary designation(s), if any, for the individual life insurance policy with The Hartford.

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| **Section A – Policy Owner Information (required)** | | | | | | | |
| Insured’s name | | | Policy number | Insured’s Social Security Number  - - | | | |
| Owner’s name | | | Owner Telephone # | Owner email address | | | |
| Owner’s mailing address | | | City | State | | Zip code | |
|  | | | | | | | |
| **Section B – Primary Beneficiary information** | | | | | | | |
| **It is important that a beneficiary designation is clear so there will be no question as to its intent. It is also important that you name a primary and contingent beneficiary. If you need assistance, contact us at (877) 320-0484 or your own legal counsel.**  If more space is needed, attach a separate sheet listing all the required beneficiary information for each beneficiary listed. **This separate sheet must be signed by you and dated.** | | | | | | | |
| **Beneficiary Type** | Individual Trust | Other Corporation/Organization | |  |  | | |
| Name: | | |  | Date of birth: |
| Address: | | |  | Telephone: | ( |  | ) |
| Social Security #/Tax ID: Relationship: \_\_ Benefit %: % | | | | | | | |
| **Beneficiary Type** Individual Other  Trust Corporation/Organization | | | |  |  | | |
| Name: | | |  | Date of birth: |
| Address: | | |  | Telephone: | ( | ) |  |
| Social Security #/Tax ID: Relationship: Benefit %: % | | | | | | | |
| **Beneficiary Type** Individual Other  Trust Corporation/Organization | | | |  |  | | |
| Name: | | |  | Date of birth: |
| Address: | | |  | Telephone: | ( | ) |  |
| Social Security #/Tax ID: Relationship: \_\_ Benefit %: % | | | | | | | |
| **Total Percent:** (must = 100) | | | | | % | | |

**Beneficiary Designation Change Form Policy number:**

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| **Section C – Contingent beneficiary information**  *(Contingent Beneficiaries receive benefits ONLY if no Primary Beneficiaries named in Section B above survives the Insured)* | | |
| **Beneficiary Type** Individual Other  Trust Corporation/Organization | |  |
| Name: | Date of birth: |
| Address: | Telephone: | ( ) |
| Social Security #/Tax ID: Relationship: Benefit %: % | | |
| **Beneficiary Type** Individual Other  Trust Corporation/Organization | |  |
| Name: | Date of birth: |
| Address: | Telephone: | ( ) |
| Social Security #/Tax ID: Relationship: Benefit %: % | | |

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| **Section D – Acknowledgements and signatures (required)** |
| The undersigned policy Owner(s), hereby revokes any beneficiary designation(s), or direction previously made in respect to the proceeds payable on the death of the Insured under the above policy and directs that such proceeds be paid as listed above. Note: The Hartford will pay death proceeds to any Primary beneficiaries who are alive when a payment is due. If no Primary Beneficiary is then alive we will pay proceeds to any Contingent Beneficiary who is then alive. If no Primary or Contingent Beneficiary is alive, the death benefit proceeds will be payable as prescribed in the Policy.  Signature of policy Owner Date (mm/dd/yyyy) (with title if applicable)  Signature of Co-Owner Date (mm/dd/yyyy) (with title if applicable)  Signature of Witness Date (mm/dd/yyyy) (person cannot be a designated Beneficiary and for Massachusetts residents must also be 18 years of age or older)  Name of Witness (Please Print)  **Spousal Consent for Community Property States only:** If the Policy Owner lives in a community property state – Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin – you may complete the Spousal Consent section, which allows your spouse to waive his or her rights to any community property interest in the benefit.  This will certify that, as spouse of the Policy Owner named above, I hereby consent to my spouse designating the person(s) listed above as beneficiaries of individual life insurance under the above policy and waive any rights I may have to the proceeds of such insurance under applicable community property laws. I understand that this consent and waiver supersedes any prior consent or waiver under this plan.  **Signature of Policy Owner’s Spouse: \_**  Please note that a designation changed by a Power of Attorney will only be recognized to the extent the Power of Attorney has the ability to designate or change the beneficiary under applicable law. |

## Mail to: The Hartford Fax to: (440) 646-9339 One Integrity Parkway

Cleveland, OH 44143-1500