


## Group Term Life Insurance Beneficiary Designation

Use this form to name the persons or entities you want to receive your life insurance proceeds after your death.

### Things to know before you begin

- Completing this form replaces your existing beneficiary designations. Please provide details for **each** beneficiary, even if you have already given us this information in the past.
- Gather the name(s), date(s) of birth, Social Security/Tax ID number(s) and contact information for all of your beneficiaries.
- The beneficiaries you name on this form apply to your Group Term Life insurance coverage insured by MetLife.
- To name additional beneficiaries, attach a separate page. Provide the requested information including the beneficiary type (*primary or contingent*) and the % proceeds for each. Sign and date these page(s), making sure the date is the same as the date next to the signature on this form.
- Please complete and return all pages or we cannot record your choices.

 If you make a mistake anywhere on this form, cross it out and initial it.

### SECTION 1: About the Insured

First name	Middle name	Last name		
Date of birth ( <i>mm/dd/yyyy</i> )	Social Security number	Phone number		
Address	City	State	ZIP	
Employer name <b>AIR FORCE INSURANCE FUND</b>	Customer number <b>164767</b>			

### SECTION 2: About the Primary Beneficiaries

These parties are your first choice to receive the insurance proceeds after your death. If a primary beneficiary dies before you, we will divide their share(s) equally between the remaining primary beneficiaries.

- You must name at least one (1) primary beneficiary.
- Please check the box and complete the form fields for each beneficiary you name. Having accurate information for your beneficiaries ensures that we distribute the proceeds the way you want.
- Use the proceeds % field to tell us how you want us to distribute the proceeds. If you want a specific distribution, use whole numbers (*no fractions or decimals*) and make sure they (*and any listed on separate pages*) add up to 100%. To distribute them equally between your primary beneficiaries, leave **all** of the proceeds % fields blank.

**About the Primary Beneficiaries (continued)**

**Individual**

First name	Middle name	Last name	<b>A</b>
Address		Date of birth (mm/dd/yyyy)	
City		State   ZIP	
Gender <input type="checkbox"/> M <input type="checkbox"/> F	Social Security number	Phone number   Relationship to Insured	

Write in the % of proceeds assigned to this person \_\_\_\_\_%

**Individual**

First name	Middle name	Last name	<b>B</b>
Address		Date of birth (mm/dd/yyyy)	
City		State   ZIP	
Gender <input type="checkbox"/> M <input type="checkbox"/> F	Social Security number	Phone number   Relationship to Insured	

Write in the % of proceeds assigned to this person \_\_\_\_\_%

**Individual**

First name	Middle name	Last name	<b>C</b>
Address		Date of birth (mm/dd/yyyy)	
City		State   ZIP	
Gender <input type="checkbox"/> M <input type="checkbox"/> F	Social Security number	Phone number   Relationship to Insured	

Write in the % of proceeds assigned to this person \_\_\_\_\_%

**Your Estate** – If you name your Estate as a primary beneficiary, you cannot name a contingent beneficiary.

<b>D</b>
Proceeds _____%

**Testamentary Trust created in your Will** – The trust under your last Will and Testament as shall be admitted to probate.

<b>E</b>
Proceeds _____%

**Living (Inter Vivos) Trust** – See further instructions on page 4.

<b>F</b>
Proceeds _____%

**Charity/Organization** – List the charity or organization name and not an employee of the charity or organization. See further instructions on page 4.

<b>G</b>
Proceeds _____%

**Total proceeds for all primary beneficiaries (A-G plus any listed on separate pages) must equal 100%. 100%**

### SECTION 3: About the Contingent Beneficiaries

Skip this section if you're not naming a contingent beneficiary or if you named your Estate as a primary beneficiary. Contingent beneficiaries receive the insurance proceeds **only** if all of the primary beneficiaries are deceased at the time of your death. If a contingent beneficiary dies before you, we will divide their share(s) equally between the remaining contingent beneficiaries.

- Please check the box and complete the form fields for each beneficiary you name. Having accurate information for your beneficiaries ensures that we distribute the proceeds the way you want.
- Do not list the same person or entity as both a primary and a contingent beneficiary.
- Use the proceeds % field to tell us how you want us to distribute the proceeds. If you want a specific distribution, use whole numbers (*no fractions or decimals*) and make sure they (*and any listed on separate pages*) add up to 100%. To distribute them equally between your contingent beneficiaries, leave **all** of the proceeds % fields blank.

**Individual**

First name		Middle name	Last name	<b>H</b>
Address			Date of birth ( <i>mm/dd/yyyy</i> )	
City		State	ZIP	
Gender <input type="checkbox"/> M <input type="checkbox"/> F	Social Security number	Phone number	Relationship to Insured	
				Write in the % of proceeds assigned to this person _____ %

**Individual**

First name		Middle name	Last name	<b>I</b>
Address			Date of birth ( <i>mm/dd/yyyy</i> )	
City		State	ZIP	
Gender <input type="checkbox"/> M <input type="checkbox"/> F	Social Security number	Phone number	Relationship to Insured	
				Write in the % of proceeds assigned to this person _____ %

**Your Estate**

<b>J</b>
Proceeds _____ %

**Testamentary Trust created in your Will** – The trust under your last Will and Testament as shall be admitted to probate.

<b>K</b>
Proceeds _____ %

**Living (*Inter Vivos*) Trust** – See further instructions on page 4.

<b>L</b>
Proceeds _____ %

**Charity/Organization** – List the charity or organization name and not an employee of the charity or organization. See further instructions on page 4.

<b>M</b>
Proceeds _____ %

**Total proceeds for all contingent beneficiaries (*H-M plus any listed on separate pages*) must equal 100%.**

**100%**

## SECTION 4: About your Trust/Charity/Organization Beneficiaries

Skip this section if you did not name a Living Trust or Charity/Organization as one of your beneficiaries. Otherwise, please provide the information requested below on a separate page. Make sure you include the type of beneficiary (*primary or contingent*) and that you sign and date these page(s).

Please include:

- Trust/Charity/Organization name
- Address
- Phone number
- Type of Beneficiary (*primary or contingent*)
- % of proceeds you are assigning to the Trust/Charity/Organization


Additional information required for Living (*Inter Vivos*) Trust(s):

- Trust date
- Trust Tax ID number
- Trustee first, middle and last name

## SECTION 5: Signature required

By signing below, I hereby revoke any previous designations, and I designate the person, people, or entity named herein as beneficiaries.

- Check if you are completing and signing this form as agent for the insured under a valid Power of Attorney. Please submit a copy of the Power of Attorney with this beneficiary form.

<b>Please print and sign below</b>		
Insured/Owner first name	Middle name	Last name
 Insured/Owner signature		Date form completed ( <i>mm/dd/yyyy</i> )



### Did you remember to...

- ✓ Provide complete information for each of your beneficiaries?
- ✓ Make sure the total “proceeds %” for your **primary beneficiaries** (*including those on a separate page*) equals 100%? Separately, did you remember to make sure the total “proceeds %” for your **contingent beneficiaries** (*including those on a separate page*) equals 100%?
- ✓ Complete, sign and date any extra pages that list beneficiary information (*such as Living Trust/Charity/Organization beneficiaries*)?
- ✓ Cross out and initial any mistakes you made? (*If you crossed out any answers, your signature is not enough. You must also initial all your corrections.*)

Example: ~~12/20/25~~ 12/20/15 *J.M.* ⇐ *answer corrected, initials required*

**Please note: we cannot record your beneficiary choices unless you complete these items.**

## SECTION 6: How to submit this form

Return this **entire** form (*and any additional pages*) to your employer or benefits administrator. Retain a copy of this completed form for your records.