

Contingent Beneficiary

Updated 7.28.20



Member Information

Member Name _____ Member Number _____

Email _____ SSN/TIN _____ - _____ - _____ DOB ____/____/____

Mailing Address _____ City _____ State _____ ZIP _____

Physical Address _____ City _____ State _____ ZIP _____

Cell Phone _____ - _____ - _____ Alt. Phone _____ - _____ - _____

In the event there is no living Primary Beneficiary(ies) upon my death, I hereby name the following as my Contingent Beneficiary(ies).

Contingent Beneficiary #1	Contingent Beneficiary #2
Name _____ DOB ____/____/____	Name _____ DOB ____/____/____
Percent of Beneficiary* ____ / 100 SSN/TIN (optional) _____ - _____ - _____	Percent of Beneficiary* ____ / 100 SSN/TIN (optional) _____ - _____ - _____
Address _____	Address _____
City _____ State _____ ZIP _____	City _____ State _____ ZIP _____
Email _____ Cell Phone _____ - _____ - _____	Email _____ Cell Phone _____ - _____ - _____
Contingent Beneficiary #3	Contingent Beneficiary #4
Name _____ DOB ____/____/____	Name _____ DOB ____/____/____
Percent of Beneficiary* ____ / 100 SSN/TIN (optional) _____ - _____ - _____	Percent of Beneficiary* ____ / 100 SSN/TIN (optional) _____ - _____ - _____
Address _____	Address _____
City _____ State _____ ZIP _____	City _____ State _____ ZIP _____
Email _____ Cell Phone _____ - _____ - _____	Email _____ Cell Phone _____ - _____ - _____

*If you list more than one contingency beneficiaries, total percentage must equal 100%.

Signatures

Member Signature _____ Date ____/____/____