

**Basic/Optional Life Insurance  
Beneficiary Designation Form**

Metropolitan Life Insurance Company  
200 Park Avenue, New York, New York 10166



**EMPLOYERNAME: The County of Ventura**

**POLICY NUMBER: 0154209**

Insured's name (last, first, middle initial)	Insured's employee ID
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Address (street, city, state, zip)			
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Insured's date of birth	Policyowner (if different than the insured)	Policyowner's phone number	Email address
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**INSTRUCTIONS:**

1. Clearly print or type the information below.
2. Sign and date the completed form.
3. Return to CEO/HR/Benefits (Benefits.ServiceRep@ventura.org or L#1970).

This beneficiary designation applies to the coverages noted below:

All group term life coverages      **OR**      Basic Life/AD&D only      Optional Life/AD&D only

**CHANGE BENEFICIARY REVOKING ALL PRIOR DESIGNATIONS**

The primary and contingent beneficiary(ies) determines the order in which beneficiaries become eligible to receive a death benefit. Surviving beneficiaries in any category share equally with beneficiaries in the same category unless otherwise specified. Use of the word "Children", without modification, includes only your biological children of first generation and adopted children. For revocable designations, this signed beneficiary designation, when accepted by the underwriting company, is the only form needed to elect or change a designation under this policy. No other documents are required.

Name beneficiaries by category. To receive a death benefit, a beneficiary must survive the insured. In the event a beneficiary does not survive the insured, that beneficiary's portion shall be equally distributed to the remaining beneficiaries within that category. In the event of simultaneous death of the insured and a beneficiary, the death benefit will be paid as if the insured survived the beneficiary.

***The same person cannot be named as a primary and a contingent beneficiary.***

**PRIMARY BENEFICIARY (IES) - The person or persons named will receive the benefit**

Beneficiary Full Name	Date of Birth	Address and Phone Number	Social Security Number	Relationship	Share % (must total 100%)

**Total = 100%**

**CONTINGENT BENEFICIARY (IES) - If the primary beneficiary(ies) is no longer living, the benefit is paid to this person(s)**

Beneficiary Full Name	Date of Birth	Address and Phone Number	Social Security Number	Relationship	Share % (must total 100%)

**Total = 100%**

**SIGNATURE REQUIRED**

Policyowner's signature <b>X</b>	Date
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## EXAMPLES OF BENEFICIARY DESIGNATIONS

**Example 1: If a primary beneficiary is to receive the benefit, followed by a contingent beneficiary, if the primary beneficiary is deceased.**

PRIMARY BENEFICIARY(IES) - The person or persons named will receive the benefit					
Beneficiary Full Name	Date of Birth	Address and Phone Number	Social Security Number	Relationship	Share % (must total 100%)
Mary Doe	01-01-1980	123 4th Street, Anywhere, MN 12345, 651-665-1234	XXX-XX-XXXX	Daughter	100%
<b>Total = 100%</b>					

CONTINGENT BENEFICIARY(IES) - If the primary beneficiary(ies) is no longer living, the benefit is paid to this person(s)					
Beneficiary Full Name	Date of Birth	Address and Phone Number	Social Security Number	Relationship	Share % (must total 100%)
Nancy Doe	02-02-1980	5 Main Street, Anywhere, MN 45685, 651-665-2345	XXX-XX-XXXX	Sister	100%
<b>Total = 100%</b>					

**Example 2: If more than one primary beneficiary(ies) are to receive the benefit first, followed by the contingent beneficiary(ies) if all of the primary beneficiary(ies) are deceased.**

PRIMARY BENEFICIARY(IES) - The person or persons named will receive the benefit					
Beneficiary Full Name	Date of Birth	Address and Phone Number	Social Security Number	Relationship	Share % (must total 100%)
Mary Doe	03-03-1980	123 4th Street, Anywhere, MN 12345, 651-665-3456	XXX-XX-XXXX	Daughter	40%
Jim Doe	04-04-1980	123 4th Street, Anywhere, MN 12345, 651-665-4567	XXX-XX-XXXX	Husband	40%
Mary Smith	05-05-1980	45 Oak Street, Anywhere, MN 56789, 651-665-5678	XXX-XX-XXXX	Friend	20%
<b>Total = 100%</b>					

CONTINGENT BENEFICIARY(IES) - If the primary beneficiary(ies) is no longer living, the benefit is paid to this person(s)					
Beneficiary Full Name	Date of Birth	Address and Phone Number	Social Security Number	Relationship	Share % (must total 100%)
Nancy Jones	06-06-1980	5 Main Street, Anywhere, MN 45685, 651-665-6789	XXX-XX-XXXX	Sister	50%
Jack Williams	07-07-1980	10 Elm Street, Anywhere, MN 58978, 651-665-7890	XXX-XX-XXXX	Brother	50%
<b>Total = 100%</b>					

**Example 3: If the beneficiary is a formal trust.**

PRIMARY BENEFICIARY(IES) - The person or persons named will receive the benefit					
Beneficiary Full Name	Date of Birth	Address and Phone Number	Social Security Number	Relationship	Share % (must total 100%)
John Doe - Trustee, his successors or successor in trust under the John Doe Revocable Trust Agreement. Executed by the insured on June 1, 2008.			N/A	Trust	100%
<b>Total = 100%</b>					