



Beneficiary Designation Form

Instructions: Please Complete, sign and date this form to designate your beneficiary(ies) or to change your existing beneficiary(ies). This form cancels all prior designations. If more than one beneficiary is named and no percentages are indicated, payment will be made in equal shares. If there are more than three (3) primary and/or contingent beneficiaries, please attach a separate sheet of paper. **Completed beneficiary forms should be kept on file with the department.**

Section 1: Policy holder Information					
Organization Name				Phone	
Organization Address	City	County	State	Zip	
Section 2: Member Information					
Name (Last Name, Suffix, First Name, MI)			Date of Birth	Social Security #	
Address	City	State	Zip	Phone #	
Section 3: Primary Beneficiary (ies)					
I choose the person(s) named below to be the primary beneficiary(ies) of the insurance benefits that may be payable at the time of my death. If any primary beneficiary(ies) is disqualified or dies before me, his/her percentage of this benefit will be paid to the remaining beneficiary(ies).					
Name and Address	Relationship	Social Security	Birth date	Phone #	Percentage
Section 4: Contingent Beneficiary (ies)					= 100%
If all primary beneficiaries are disqualified or die before me, I choose the person(s) named below to be my Contingent beneficiary(ies) of the insurance benefits that may be payable at the time of my death.					
Name and Address	Relationship	Social Security	Birth date	Phone #	Percentage
Section 5: Signature					= 100%

X _____
Member signature

Date

*****Option for Primary or Contingent Beneficiary: SC State Firefighters Foundation- EIN: 56-2254232**
If this option is chosen, Member Must name SC State Firefighters Foundation in Section 3 or 4 with the given EIN number.