

# THE UNIVERSITY OF IOWA

## BENEFICIARY DESIGNATION

Accidental Death & Dismemberment (00861)

Group Life (00802)

Supplemental Life (00801)

**Name:** \_\_\_\_\_

(Last Name)

(First Name)

(Middle Initial)

Employee ID/University ID/or SS#

**Primary Beneficiary(ies)**

(Last Name)

(First Name)

(Middle Initial)

Relationship

If two or more beneficiaries are named, the proceeds shall be paid in equal share to the named beneficiaries surviving the Member unless otherwise stated.

**Contingent Beneficiary(ies)**

(Last Name)

(First Name)

(Middle Initial)

Relationship

If two or more beneficiaries are named, the proceeds shall be paid in equal share to the named beneficiaries surviving the Member unless otherwise stated.

If no Primary Beneficiary is living at the time of your death, the proceeds are payable to the Contingent Beneficiary(ies).

**Signature of Member:** X \_\_\_\_\_ **Date Signed:** \_\_\_\_\_

### Sample Beneficiary Designations

#### Proposed Beneficiary

1. Estate
2. One primary beneficiary
3. Two primary beneficiaries, equally
4. One primary beneficiary and two contingent beneficiaries
5. Minor children
6. To a church or organization
7. Two beneficiaries in unequal portions

#### Suggested Wording (All names must be FULL given names)

1. My Estate
2. Anna L. Doe, spouse
3. John A. Doe, father, and Mary I. Doe, mother, equally or to the survivor
4. Under Primary Beneficiary – Anna L. Doe, spouse  
Under Contingent Beneficiary – Henry J. Doe, son, and Alice G. Doe, daughter, equally or to the survivor
5. Henry J. Doe and Alice G. Doe, son and daughter
6. Specific name and address of beneficiary
7. Three-quarters (3/4) of the proceeds to Anna L. Doe, spouse, if living, and one-quarter (1/4) to John A. Doe, father, if living, the share of a deceased beneficiary to be paid to the survivor, if any.