



Guardian Life Insurance  
 PO Box 981570  
 El Paso, TX 79998-1570  
 Customer Care Team: 866-569-9900  
 Fax Number: 916-388-3604  
[www.guardianlife.com](http://www.guardianlife.com)

## Beneficiary Designation/Change Form

**PLEASE TYPE or PRINT CLEARLY.** The entire form, properly completed, signed and dated by the Insured, must be submitted or the changes cannot be processed.

<b>PRIMARY SUBSCRIBER'S SECTION</b>	
Subscriber's Name:	Subscriber's Policy Number:
Subscriber's Address:	Subscriber's Member ID Number:

I AUTHORIZE Guardian to record and consider the individuals/instructions that I have named on this form as beneficiaries for benefits under the applicable employee Benefits plan.

**PLEASE COMPLETE THE APPROPRIATE SECTIONS ONLY.**

<b>BENEFICIARY INFORMATION</b>	Complete the below to designate a beneficiary or change the beneficiary designation. Include full proper name, relationship and social security number of proposed beneficiary (i.e. Mary A. Doe), and relationship (i.e. husband, wife, friend, son, daughter).
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**PRIMARY BENEFICIARY**

1) Full Name:	Relationship:	Allocation Percent (%):	Last 4 digits of Social Security Number:	Date of Birth:
Address:		Phone Number:	Email Address:	
2) Full Name:	Relationship:	Allocation Percent (%):	Last 4 digits of Social Security Number:	Date of Birth:
Address:		Phone Number:	Email Address:	

**CONTINGENT BENEFICIARY**

1) Full Name:	Relationship:	Allocation Percent (%):	Last 4 digits of Social Security Number:	Date of Birth:
Address:		Phone Number:	Email Address:	
2) Full Name:	Relationship:	Allocation Percent (%):	Last 4 digits of Social Security Number:	Date of Birth:
Address:		Phone Number:	Email Address:	

If more than one primary and/or contingent Beneficiary is designated and no percentage has been designated, settlement will be made in equal shares to such of the designated beneficiaries as survive the Insured, unless otherwise provided herein. If no designated beneficiary survives the Insured, settlement will be made to the estate of the Insured.

<b>Signature of Insured:</b>	<b>Signatures of Witness (Someone other than Beneficiary):</b>	<b>Date:</b>
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**Community Property State Consent for Residents of Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington, or Wisconsin.** If you are married and live in a community property state your spouse may have a legal claim for a portion of the life insurance benefit under state law. If you name someone other than your spouse as beneficiary, you may have your spouse sign below to waive his or her rights to any community property interest in the benefit.

As the insured spouse, I am aware that my spouse, the Primary Subscriber named above, has designated someone other than me to be the beneficiary of accidental death insurance under the above policy. I hereby consent to such designation and waive any rights I may have to the proceeds of such accidental death insurance under applicable community property laws. I understand that this consent and waiver supersedes any prior spousal consent or waiver under this plan.

**Signature of Spouse:** \_\_\_\_\_

**ALL SIGNATURES MUST BE IN INK**

**CHANGE IN BENEFICIARY'S NAME** (Complete only if the name has been legally changed.)

From (Was):	To (Now Is):	Social Security Number:	Date:
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**CHANGE IN INSURED'S NAME** (Complete only if the name has been legally changed.)

From (Was):	To (Now Is):	Social Security Number:	Date:
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<b>Signature of Insured:</b>	<b>Date:</b>
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**ANY CHANGES IN DEPENDENT STATUS OR UPDATES NOT DISPLAYED ON THIS FORM SHOULD BE REPORTED TO THE CUSTOMER CARE TEAM 1-866-569-9900.**

**THIS SECTION IS TO BE COMPLETED BY GUARDIAN.**

This is to certify that the following changes have been recorded in connection with the insurance for the above named insured.

- The BENEFICIARY has been changed.       The NAME of the BENEFICIARY has been changed.       Insured name has been updated.

Recorded by: \_\_\_\_\_ Date: \_\_\_\_\_