



# BENEFICIARY DESIGNATION FORM

Employee Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

### PLAN SPECIFICATION

Check the box next to the plan to which this beneficiary designation applies. If you want to name different beneficiaries for different plans, complete a separate form for each plan.\* For additional forms contact the Campus/JPL Benefits office or print a copy from the Human Resources website.

- Basic Life Insurance
- Supplemental Life Insurance
- Personal Accident Insurance
- Travel Accident Insurance

\*To make a change in your beneficiary designation for your retirement/TDA plans, contact TIAA-CREF or Fidelity.

### BENEFICIARY DESIGNATION

If you are covered under any of the Caltech life and accident insurance plans, you must name a beneficiary who will receive payment from the plan if you die. If you are naming an entity in addition to named individuals, you must specify a percentage for each. The total percentage must equal 100%.

#### Primary Beneficiary(ies)

If all your primary beneficiaries are no longer living, payment will be made to your secondary beneficiaries.

First Name	Last Name	Social Security No.	Relationship	Share %
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Special Designation (Use this section only when naming and entity such as a church or trust, otherwise leave blank.)

<b>The total of all designations must equal 100%</b>	<b>100%</b>
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#### Secondary Beneficiary(ies)

If all your primary beneficiaries are no longer living, payment will be made to your secondary beneficiaries.

First Name	Last Name	Social Security No.	Relationship	Share %
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

<b>The total of all designations must equal 100%</b>	<b>100%</b>
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#### Employee Authorization

I authorize this beneficiary designation by signing this form. This designation of beneficiary(ies) replaces any previous designation(s) I have made. If no beneficiary survives me, settlement will be made to my estate.

Employee's Signature	Date	Witness's Signature	Date
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#### Spousal Waiver

By signing this form, I agree with my spouse's designation. Furthermore, if I live in California, or any other community property state, and if my spouse has designated a beneficiary other than myself, I waive my right to any community property interest in these benefits.

Spouse's Signature	Date	Witness's Signature	Date
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Your signature must be witnessed by someone other than a designated or potential beneficiary.

## Guidelines on How to Complete Your Beneficiary Designation Form

**These guidelines can help you complete your beneficiary form correctly:**

***If the beneficiary is a person, you should include:***

- The full name of the individual not nicknames.
- All information requested on the form.
- If the beneficiary is “My Children,” be aware that with this designation your natural children or legally adopted children may qualify for benefits. Step-children will usually be excluded from receiving benefits unless specifically named.

***If you have more than one primary or secondary beneficiary:***

You should specify percentages for each individual and check to make sure that the benefit percentages total 100%.

***If your children are your beneficiaries:***

If the benefits are to be paid equally to a group of beneficiaries such as your children, the beneficiaries should be indicated as follows:

- “To all my surviving natural children, in equal shares,” or
- “Brian Smith, son 25%; Mary Jane Moore, daughter, 25%; Joanne Smith, daughter, 25%; and Harry Smith, son, 25%.”

***If you are divorced:***

A divorce decree may require you to maintain you minor children or ex-spouse as beneficiaries. If you fail to change the beneficiary in compliance with the requirements in the divorce decree, the beneficiary change may be contested by your ex-spouse. This could result in delay of the payment of benefits and costly litigation.

At the time of the divorce, you should consult with your attorney regarding possible beneficiary change to bring your insurance plan in compliance with the divorce decree or Qualified Domestic Relations Order (QDRO).

***If the beneficiary is a charity, hospital, church, or school:***

Be sure you include the full name and address. You may not name Caltech as your beneficiary.

***If the beneficiary is a trust:***

You must first legally establish a trust. If you have a question about how to designate your trust, consult your attorney.

***If your beneficiary is an estate:***

You should refer to the specific will, including the date you established the will.

***If your legal residence is in a community property state:***

Because California is a community property state, your spouse may have a legal right for up to 50% of your benefits—unless your spouse has waived his or her rights by signing this form.