

## Instructions for Change of Beneficiary

Please use the attached form to request a change in beneficiary. **Do not complete the Change of Beneficiary section for a change of name only.**

This request, when completed, is recorded and is in substitution of all previous designations. Be sure to rename all previous beneficiaries who are to receive any of the proceeds of the policy. If this is a Joint Life Policy, a separate form must be completed for each insured person whose beneficiary is being changed; however, each jointly insured person must sign. If the policy has joint ownership, all owners must sign any form submitted.

Complete the Request for Change of Beneficiary form by listing the full given name for each person being named. Indicate their address, social security number, date of birth, and relationship to the insured person. Sign and date the form where required, and obtain signatures of all additional parties, as outlined below.

### SIGNATURE REQUIREMENTS

1. **The Policyowner.** The insured is usually the policyowner, but ownership may be vested wholly or partially in:
  - a) Another person, whose signature is required.  
If there are two or more persons named as co-owners, all owners must sign.
  - b) A Corporation. The signature and title of an authorized officer, other than the insured, is required, with the corporate seal affixed over it. In addition, a copy of the Articles of Incorporation and the most recent Board Resolution must be provided to show the officers/owners with the authority to make the change.
  - c) A Partnership. All general partners must sign and a copy of the Partnership Agreement must be submitted.
  - d) A Trust. All trustees must sign and a copy of the complete Trust Agreement must be submitted.
2. **Absolute Assignee.** If the policy is absolutely assigned, the signature of the assignee is required.
3. **Juvenile policy.** Most juvenile policies contain an Ownership or Control of Policy provision designating the person who must sign if the insured is a minor and at what age the ownership transfers to the insured. The person or persons controlling the policy must sign the change form.
4. **Witness.** The witness must be over the age of 18 and not be a beneficiary on the change form.

Upon approval by American Fidelity, a copy of the Request for Change of Beneficiary form will be sent to you for your records. If you have any questions about your insurance policy or certificate or about your request for a change in beneficiary, please call us at 1-800-323-3748.

Sincerely,

Customer Service Department  
American Fidelity Educational Services

## EXAMPLES OF COMMONLY USED BENEFICIARY DESIGNATIONS

A list of the more common types of beneficiary designations requested and examples of proper wording for each type follows. When proceeds are to be split between more than one beneficiary, indicate the percentage (rather than the dollar amounts) to be paid to each. If the policyowner is not the insured, the designated primary and contingent beneficiaries must have an insurable interest in the life of the insured.

TYPE OF BENEFICIARY	EXAMPLES OF WORDING TO BE USED
1) One primary beneficiary	Mary E. Doe, Wife (NOT Mrs. John J. Doe)
2) Two primary beneficiaries (equal shares)	John J. Doe, Father Mary E. Doe, Mother
3) Two primary beneficiaries (unequal shares)	75% to Mary E. Doe, Wife 25% to Jane J. Doe, Mother
4) One primary beneficiary and one contingent beneficiary	Primary – Mary E. Doe, Wife Contingent – Jane J. Doe, Mother
5) One primary beneficiary and two contingent beneficiaries	Primary – Mary E. Doe, Wife Contingent– 75% to Jane J. Doe, Mother 25% to James H. Doe, Brother
6) One primary beneficiary (spouse) and contingent beneficiaries (equal shares to children)	Primary – Mary E. Doe, Wife Contingent– Sam M. Doe, Son Susan B. Doe, Daughter Ann R. Doe, Daughter Adam P. Doe, Son
7) Creditor beneficiary	The ABC Savings and Loan Association, an Oklahoma corporation, Creditor, as Its interest may appear; balance, if any, to Mary E. Doe, Wife
8) Partnership beneficiary	John A. Smith, William W. Jones, and Henry H. Brown, business partners, SJ & B Company, an Oklahoma corporation
9) Corporation beneficiary (requires that the person insured is a primary owner of the corporation)	The ABC Company, Inc., an Oklahoma corporation
10) Insured's Estate	Estate of the Insured
11) Trustee beneficiary (Trust established under written Trust Agreement. Payment of the proceeds to or the release of the trustee shall constitute a full discharge to the Company of all liability under the policy.)  <b>A copy of the Declaration of Trust page that stipulates the name of the trust, the date of the trust and the names of all trustees is required.</b>	The John J. Doe Trust dated xx/xx/xxxx, Jane Doe as Trustee

PLEASE READ INSTRUCTIONS FOR CHANGE OF BENEFICIARY BEFORE COMPLETING THIS FORM



POLICY # \_\_\_\_\_

INSURED \_\_\_\_\_

POLICYOWNER \_\_\_\_\_  
(If other than Insured)

ADDRESS \_\_\_\_\_  
STREET ADDRESS / P O BOX CITY STATE ZIPCODE

SOCIAL SECURITY # \_\_\_\_\_ PHONE \_\_\_\_\_

**American Fidelity**  
Attn: Account Admin Dept  
PO BOX 25523  
Oklahoma City, OK 73125  
PHONE 800-662-1113  
FAX 800-620-8915  
www.americanfidelity.com

### REQUEST FOR CHANGE OF BENEFICIARY

#### FIRST BENEFICIARY (PRIMARY)

Please print

FULL NAME OF BENEFICIARY	RELATIONSHIP TO INSURED	SSN	DOB	ADDRESS

If surviving the insured. If more than one person is named, benefits will be paid in equal shares to the survivors, unless indicated otherwise. Otherwise payable to:

#### SECOND BENEFICIARY (CONTINGENT)


If surviving the insured and primary beneficiary. If more than one person is named, benefits will be paid in equal shares to the survivors, unless indicated otherwise. If no beneficiary survives the insured, the proceeds will be paid as provided in the policy. If no provision is made in the policy, then proceeds will be paid to the estate of the insured. Such payment will be made in one sum with any installment payments being commuted.

All relationships shall be in reference to the insured person named in the heading of this request form. If a beneficiary is other than a person, all references herein to life or death shall be construed to refer to the continuance or non-continuance of such entity's existence. The interests of all beneficiaries are subject to any assignment of this policy on record at the Home Office of the Company. Unless otherwise stated in the policy, the owner(s) reserve(s) the right to further change the beneficiary without the beneficiary's consent.

If the policy numbered above is not in force when this agreement is recorded such action shall not constitute an admission by the Company that the policy is in force.

It is understood that this request for change of beneficiary will replace all previous requests and will take effect on the date recorded by the company, as indicated below.

Signed at \_\_\_\_\_ on \_\_\_\_\_ 20 \_\_\_\_  
City State Date

\_\_\_\_\_  
Witness-print and sign name

\_\_\_\_\_  
Signature of Insured

\_\_\_\_\_  
Witness-print and sign name

\_\_\_\_\_  
Signature of Policyowner, if other than Insured

\_\_\_\_\_  
Witness-print and sign name

\_\_\_\_\_  
Signature of Irrevocable Beneficiary, if any

FOR HOME OFFICE USE ONLY – The foregoing request has been recorded at the Home Office of American Fidelity Assurance Company, Oklahoma City, Oklahoma.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Approved by

## Instructions for Completing the Beneficiary Designation Form

This beneficiary form applies to the HealthChoice Life Insurance Plan offered through the Office of Management and Enterprise Services Employees Group Insurance Division. If you are retired, it does not affect the beneficiaries for any death benefit you may have through your retirement system.

The beneficiary designations you make on this form replace and cancel all prior life insurance beneficiary designations with EGID. Your designations do not become effective until this form is **signed** and **received** by EGID. Do not alter this form or attach additional pages.

It is very important that you provide the **full legal name, address, relationship, date of birth and Social Security number of each beneficiary you designate**. This information is essential in ensuring that your named beneficiaries can be located and receive your intended benefit amount. The Beneficiary Designation Form has three parts: Member Information, Primary and Contingent Beneficiary Designation and Signature. **Please print clearly in ink.**

**Employer Name** – Provide the name of your employer. This information is not required of a former employee/retiree.

**Member Information** – Provide your name, SSN or Member ID and address.

**Primary Beneficiary Designation** – You can designate one or more primary beneficiaries. All primary beneficiaries share equally, unless you note otherwise. In the event that multiple primary beneficiaries are named and a primary beneficiary dies before or simultaneously with you, the remaining primary beneficiary(ies) will be entitled to equal share of the deceased beneficiary's designated benefit amount.

**Contingent Beneficiary Designation** – You can designate one or more contingent beneficiaries. Contingent beneficiaries receive benefits only in the event all primary beneficiaries die before or simultaneously with you. All contingent beneficiaries share equally, unless you note otherwise on your form. In the event that multiple contingent beneficiaries are named and a contingent beneficiary dies before or simultaneously with you, the remaining contingent beneficiary(ies) will be entitled to equal share of the deceased beneficiary's designated benefit amount.

**Signature** – You must sign and date your form.

### Special Beneficiary Designations

Sometimes members wish to make a special designation for trusts, minors or institutions. If you wish to make a special designation, please read the following information carefully.

**Designating a trust as beneficiary** – To designate a trust as beneficiary, provide the actual name of the trust and the date the trust was created in the space provided.

**Designating a minor as beneficiary** – A minor can be named your beneficiary; however, it is often difficult and costly for a minor to receive payment, especially if the amount exceeds \$10,000. Before you designate a minor as your beneficiary, you should consult an attorney or professional financial advisor.

**Designating an institution as beneficiary** – To designate an institution (church, charity, funeral home, etc.) as your beneficiary, provide the full name of the institution and list the address in the space provided.

**After you complete and sign the Beneficiary Designation Form, mail it to:**

**Office of Management and Enterprise Services  
Employees Group Insurance Division  
3545 N.W. 58th St., Ste. 600  
Oklahoma City, OK 73112**

**Remember to keep a copy of your completed form for your records.**



**Office of Management and Enterprise Services  
Employees Group Insurance Division  
Beneficiary Designation Form**

Please read the instructions carefully and complete this form in ink.

Employer Name \_\_\_\_\_

SSN or Member ID: \_\_\_\_\_ Member Name: \_\_\_\_\_  
First MI Last

Address: \_\_\_\_\_  
☐ New Address Street City State ZIP

Phone: (\_\_\_\_) \_\_\_\_\_ Alt Phone: (\_\_\_\_) \_\_\_\_\_

**Important\*:** Please ensure the "Share Percentage" section in both Primary Beneficiary(ies) and Contingent Beneficiary(ies) add up to 100 percent. Payment will be made in equal shares to all surviving beneficiaries unless otherwise indicated.

**PRIMARY BENEFICIARY(IES)**

Primary Beneficiary's Name and Address	SSN	Phone #	Relationship	Date of Birth	Share Percentage
					100%

**CONTINGENT BENEFICIARY(IES)**

Proceeds are paid to the contingent beneficiary(ies) identified below only if there is no surviving primary beneficiary(ies).

Contingent Beneficiary's Name and Address	SSN	Phone #	Relationship	Date of Birth	Share Percentage
					100%

I have named the above beneficiary(ies) to receive my life insurance benefits from HealthChoice. I understand this form replaces and cancels all prior beneficiary designations and will become effective only when it is received by EGID.

\_\_\_\_\_  
Member Signature - original signature required

\_\_\_\_\_  
Date

Mail this form to OMES EGID at 3545 N.W. 58th St., Ste. 600, Oklahoma City, OK 73112

# Designation of Beneficiary Form



<b>Employer/Group Section</b> (To be completed by the employer/plan administrator. Required fields are marked with an asterisk(*).)					
*Employer/Group Name:				Group ID:	
<b>Employee/Member Section</b> (Please print clearly. Required fields are marked with an asterisk(*).)					
*Last Name:			*First Name:		MI:
*Social Security Number:	*Birth Date (MM/DD/YYYY):		*Gender:	*Marital Status:	
*Street Address:			Email Address:		
*City:	*State:	*ZIP Code:	Telephone: (     )     -		
<b>Beneficiary for Death Benefits</b> (Right to change beneficiary is reserved to the insured.)					
<p>Subject to the terms of the group contract(s), between Mutual of Omaha or a company affiliated with Mutual of Omaha and said employer, I request that the following beneficiary (beneficiaries) be substituted under said contract(s) as my designated beneficiary (beneficiaries), in lieu of any and all beneficiaries previously named by me.</p> <p>If more than one beneficiary is named, the beneficiaries shall share benefits equally unless otherwise stated below. If indicating benefit percentages, the percentages must total 100% for Primary Beneficiaries and 100% for Secondary Beneficiaries. Unless otherwise expressly provided, if any beneficiary designated below predeceases me, the share which such beneficiary would have received if such beneficiary had survived me shall be payable equally to the remaining designated beneficiary or beneficiaries. If no designated beneficiary survives me, the beneficiary shall be determined as prescribed in the group contract(s).</p>					
<b>Primary Beneficiary Designation</b>					
Last Name	First Name	Relationship to Insured	Date of Birth (MM/DD/YYYY)	Address of Beneficiary (Address, City, State, ZIP)	Benefit Percentage (%)
Percentage Total:					100%
<b>Secondary Beneficiary Designation</b>					
Last Name	First Name	Relationship to Insured	Date of Birth (MM/DD/YYYY)	Address of Beneficiary (Address, City, State, ZIP)	Benefit Percentage (%)
Percentage Total:					100%
<b>Agreement and Signature</b>					
<p>I understand that this Designation of Beneficiary shall apply to all insurance contracts issued to me by Mutual of Omaha or a company affiliated with Mutual of Omaha, unless I make a separate designation for each coverage, either on or after the date of this designation. I also understand that this Designation of Beneficiary is subject to change as provided in the group contract(s).</p> <p>By signing below, I acknowledge that (a) I understand and agree to the terms of this form as noted above; and (b) this Designation of Beneficiary is effective as of the date submitted.</p>					
SIGNATURE OF EMPLOYEE/MEMBER _____				DATE _____/_____/_____	



# TEACHERS' RETIREMENT SYSTEM OF OKLAHOMA

PO BOX 53524 OKLAHOMA CITY, OKLAHOMA 73152

LOCAL: (405) 521-2387 TOLL FREE: (877) 738-6365

## INSTRUCTIONS FOR COMPLETING BENEFICIARY DESIGNATION FORM 2A

This beneficiary form applies to active and non-retired members of the Teachers' Retirement System of Oklahoma (TRS). If you are retired and wish to update or make changes to your beneficiary designation, please use Beneficiary Designation Form 2R. The beneficiary designations you make on this form revoke and replace all prior beneficiary designations with TRS. Your designations do not become effective until this form is **signed by you** and **received** by TRS. Do not alter this form. **Remember to keep a copy of your completed form for your records.**

It is very important that you provide the **full legal name, address, relationship, date of birth, and Social Security number** of each beneficiary you designate. This information is essential in ensuring that your named beneficiaries can be located and receive your intended benefit amount. The Beneficiary Designation Form has two Sections: Member Account and Death Benefit.

**Section 1. Member Account** - Upon the death of a member who has not retired, the designated beneficiary(ies) shall receive the member's account balance as provided by law. Provided, if more than one primary beneficiary is named, the beneficiary shall not have the option to choose Option 2 (joint annuitant) retirement, if applicable, upon the member's death. If you have more than two primary beneficiaries, use a copy of this page.

**Section 2. Death Benefit** - Upon the death of an active (in-service) member who has not retired, TRS will pay to a beneficiary an \$18,000 death benefit as provided by law. The member may designate the same beneficiary(ies) listed in Section 1 or a different beneficiary(ies) to receive the death benefit. Provided, if the beneficiary in Section 2 differs from the sole beneficiary of the member's account in Section 1, no beneficiary shall have the option to choose Option 2 (joint annuitant) retirement, if applicable, in lieu of the death benefit. If no beneficiary is named in Section 2, the death benefit shall be paid to the beneficiary(ies) named in Section 1.

Each Section has three parts: Member Information, Primary and Contingent Beneficiary Designation, and Signature and Witness information. **Please print clearly in ink.**

**Member Information** – Provide your full legal name and SSN or Member ID.

**Primary Beneficiary Designation** – You can designate one or more primary beneficiaries. All primary beneficiaries share equally unless you note otherwise. In the event that multiple primary beneficiaries are named and a primary beneficiary dies before or simultaneously with you, the remaining primary beneficiary(ies) will be entitled to equal shares of the deceased beneficiary's designated benefit amount.

**Contingent Beneficiary Designation** – You can designate one or more contingent beneficiaries. Contingent beneficiaries receive benefits only in the event all primary beneficiaries die before or simultaneously with you. All contingent beneficiaries share equally, unless you note otherwise on your form. In the event that multiple contingent beneficiaries are named and a contingent beneficiary dies before or simultaneously with you, the remaining contingent beneficiary(ies) will be entitled to equal shares of the deceased beneficiary's designated benefit amount.

**Signature and Witness** – You and a witness must sign and date each page of the form. The witness must be a competent person, 18 years of age or older, and shall not be one of the named primary or contingent beneficiaries. There is no requirement that the witness be a notary public.

**Mail completed Beneficiary Designation Forms  
to: Teachers' Retirement System of Oklahoma  
P.O. Box 53524  
Oklahoma City, OK 73152**

# BENEFICIARY DESIGNATION (ACTIVE or NOT RETIRED)

Member Name

Member SSN or TRS Member ID

**SECTION 1 – MEMBER ACCOUNT.** Upon the death of a member who has not retired, the designated beneficiary(ies) shall receive the member's account balance as provided by law.

A. **PRIMARY BENEFICIARY(IES):** It is very important to clearly indicate your primary beneficiary(ies). Upon the death of any designated primary beneficiary, his/her interest shall pass to the surviving primary beneficiary(ies). If multiple primary beneficiaries are named and no percentage distribution is noted, any proceeds payable to such beneficiaries will be divided equally. Provided, if more than one primary beneficiary is named, the beneficiary shall not have the option to choose Option 2 (joint annuitant) retirement, if applicable, upon the member's death. If you have more than two primary beneficiaries, use a copy of this page to list additional beneficiaries.

1. I hereby designate

\_\_\_\_\_  
Last Name, First, Middle Initial

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

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Address

\_\_\_\_\_  
Percentage (must equal 100%)

2. I hereby designate

\_\_\_\_\_  
Last Name, First, Middle Initial

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

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Address

\_\_\_\_\_  
Percentage (must equal 100%)

B. **CONTINGENT BENEFICIARY(IES):** Proceeds are paid to contingent beneficiary(ies) only if there is no surviving primary beneficiary(ies) living at the member's death. If multiple contingent beneficiaries are named and no percentage distribution is noted, any proceeds payable to such beneficiaries will be divided equally. If you have more than two contingent beneficiaries, use a copy of this page to list additional beneficiaries.

1. I hereby designate

\_\_\_\_\_  
Last Name, First, Middle Initial

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

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Address

\_\_\_\_\_  
Percentage (must equal 100%)

2. I hereby designate

\_\_\_\_\_  
Last Name, First, Middle Initial

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

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Address

\_\_\_\_\_  
Percentage (must equal 100%)

**Revoking Previous Designation of Beneficiary:** By making these elections, I hereby revoke all other former designations made by me and expressly reserve the right to make other and further changes at any time I may elect as provided by law. If there is no designated beneficiary living at the time of my death, any amount due me shall be paid as provided by Oklahoma law.

\_\_\_\_\_  
Member's Signature

\_\_\_\_\_  
Date

The member's signature must appear exactly as the name appears on the top of this form.

WITNESSED BY:

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

The witness must be a competent person 18 years of age or older and shall not be one of the named primary or contingent beneficiaries. There is **no** requirement that the witness be a notary public.

**Minor Beneficiary:** Under Oklahoma law, if a minor child (younger than 18 years of age) is designated as beneficiary, it will be necessary that a guardian be appointed by the court before payment is made.



# BENEFICIARY DESIGNATION (ACTIVE or NOT RETIRED)

Member Name

Member SSN or TRS Member ID

## SECTION 2 – DEATH BENEFIT

Upon the death of an active (in-service) member who has not retired, TRS will pay to a beneficiary an \$18,000 death benefit as provided by law. The member may designate the same beneficiary(ies) listed in Section 1 or a different beneficiary(ies) to receive the death benefit. Provided, if the beneficiary for the \$18,000 death benefit differs from the sole beneficiary of the member's account, no beneficiary shall have the option to choose Option 2 (joint annuitant) retirement, if applicable, in lieu of the death benefit. If no beneficiary is named in Section 2, the death benefit shall be paid to the beneficiary(ies) named in Section 1.

A. **PRIMARY BENEFICIARY(IES):** It is very important to clearly indicate your primary beneficiary(ies). Upon the death of any designated primary beneficiary, his/her interest shall pass to the surviving primary beneficiary(ies). If multiple primary beneficiaries are named and no percentage distribution is noted, any proceeds payable to such beneficiaries will be divided equally. If you have more than two primary beneficiaries, use a copy of this page to list additional beneficiaries.

1. I hereby designate

\_\_\_\_\_  
Last Name, First, Middle Initial

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

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Address

\_\_\_\_\_  
Percentage (must equal 100%)

2. I hereby designate

\_\_\_\_\_  
Last Name, First, Middle Initial

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

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Address

\_\_\_\_\_  
Percentage (must equal 100%)

B. **CONTINGENT BENEFICIARY(IES):** Proceeds are paid to contingent beneficiary(ies) only if there is no surviving primary beneficiary(ies). Contingent beneficiaries do not share in the amount due if any of the primary beneficiaries are living at the member's death. If multiple contingent beneficiaries are named and no percentage distribution is noted, any proceeds payable to such beneficiaries will be divided equally. If you have more than two contingent beneficiaries, use a copy of this page to list additional beneficiaries.

1. I hereby designate

\_\_\_\_\_  
Last Name, First, Middle Initial

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

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Address

\_\_\_\_\_  
Percentage (must equal 100%)

2. I hereby designate

\_\_\_\_\_  
Last Name, First, Middle Initial

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

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Address

\_\_\_\_\_  
Percentage (must equal 100%)

**Revoking Previous Designation of Beneficiary:** By making these elections, I hereby revoke all other former designations made by me and expressly reserve the right to make other and further changes at any time I may elect as provided by law. If there is no designated beneficiary living at the time of my death, any amount due me shall be paid as provided by Oklahoma law.

\_\_\_\_\_  
Member's Signature

\_\_\_\_\_  
Date

The member's signature must appear exactly as the name appears on the top of this form.

WITNESSED BY:

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

The witness must be a competent person 18 years of age or older and shall not be one of the named primary or contingent beneficiaries. There is **no** requirement that the witness be a notary public.

**Minor Beneficiary:** Under Oklahoma law, if a minor child (younger than 18 years of age) is designated as beneficiary, it will be necessary that a guardian be appointed by the court before payment is made.