



Name of Employee (Last, First, Middle)

Social Security Number

Name of Member Bank or Firm

Bank's City, State and Zip Code

Employee's Mailing Address

CHANGE OF EMPLOYEE'S NAME (Please print full name)

From: _____ Marriage Date _____

To: _____ Divorce Date _____

GROUP TERM LIFE AND BASIC ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE BENEFICIARY CHANGE:
 (Please include full name and relationship)
 Beneficiary changes made below will be applicable to the Sun Life Insurance Company Life Insurance Policy. I hereby revoke all prior beneficiary designations and request the designation below:

GROUP VOLUNTARY TERM LIFE INSURANCE CHANGE:

Add Voluntary Term Life Insurance coverage in the amount of: _____

Change Voluntary Term Life Insurance coverage amount to: _____

Terminate Voluntary Term Life Insurance coverage. Reason for termination: _____

GROUP VOLUNTARY TERM LIFE INSURANCE BENEFICAIRY CHANGE:
 (Please include full name and relationship)
 Beneficiary changes made below will be applicable to the Sun Life Insurance Company Life Insurance Policy. I hereby revoke all prior beneficiary designations and request the designation below:

GROUP ADDITIONAL DEPENDENT LIFE INSURANCE

Add Additional Dependent Life Insurance Coverage for:

- Spouse and Child/Children, if any
- Child/Children Only (No Eligible Spouse)

Change Additional Dependent Life Insurance Coverage for Spouse to Amount Indicated Below:
 Coverage Amount Desired: \$10,000 \$20,000 \$30,000

Terminate Additional Dependent Life Insurance Coverage for:

- Spouse and Child/Children, if any
- Child/Children Only (No Eligible Spouse)

Spouse's Full Name: _____ Sex: M Female Date of Birth: _____

Reason for Change: Marriage, Date _____; Birth, Date _____; Divorce, Date _____; Other _____

GROUP VOLUNTARY HIGH LIMIT ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE:

Change Voluntary AD&D Coverage Amount to \$ _____ Employee Only Family Plan

Terminate Voluntary AD&D Coverage

Reason for Change: Marriage, Date _____; Birth, Date _____; Divorce, Date _____; Other _____

GROUP VOLUNTARY ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE BENEFICIARY CHANGE:
 (Please include full name and relationship)
 Beneficiary changes made below will be applicable to Zurich American Insurance Company Voluntary High Limit Accidental Death and Dismemberment Insurance Policy. I hereby revoke all prior beneficiary designation and request the designation below:

Note: If more than one beneficiary is named for the Group Term Life, Basic AD&D, or Voluntary High Limit AD&D, the Death Benefit, unless otherwise provided herein, will be paid in equal share to the designated beneficiaries.

Employee's Signature: _____ Date Signed: _____

Received and recorded by: _____ Date Signed: _____