

G.M.P.-Employers Retiree Trust

Aetna Life Insurance Company Change of Beneficiary Designation

Group Policyholder Name G.M.P.-Employers Retiree Trust	Group Policy Number 318746-10-001
Retiree Name and Address	Retiree Social Security Number
	Trust Member Number

Subject to the terms of the above numbered Group Policy, I request that any sum becoming payable by reason of my death be payable to the following beneficiary(ies) It is my understanding that this designation shall operate so as to revoke all designations of beneficiary and all designations of beneficiary and all elections of optional methods of settlement, previously made by me under said policy.

Retiree Signature	Date
Beneficiary Name and Address	<input type="checkbox"/> Primary Beneficiary*
Relationship	Social Security Number
Date of Birth	Percentage
Beneficiary Name and Address	<input type="checkbox"/> Primary Beneficiary or <input type="checkbox"/> Contingent Beneficiary**
Relationship	Social Security Number
Date of Birth	Percentage
Beneficiary Name and Address	<input type="checkbox"/> Primary Beneficiary or <input type="checkbox"/> Contingent Beneficiary**
Relationship	Social Security Number
Date of Birth	Percentage
Beneficiary Name and Address	<input type="checkbox"/> Primary Beneficiary or <input type="checkbox"/> Contingent Beneficiary**
Relationship	Social Security Number
Date of Birth	Percentage

* If more than one primary beneficiary is named, the primary beneficiaries shall share equally unless otherwise indicated above.

** Contingent Beneficiary(ies) will only receive proceeds if all Primary Beneficiaries have predeceased the Insured. If you are naming more than one Contingent Beneficiary at %100 each, please indicate 1st contingent, 2nd contingent, etc.

Unless otherwise expressly provided in this Designation of Beneficiary form, if any beneficiary hereby designated predeceased me the share which such beneficiary would have received if such beneficiary had survived me shall be payable equally to the remaining beneficiary or beneficiaries, if any, who survive me, but if no designated beneficiary survives me any sum becoming payable under said Group Policy by reason of my death shall be payable to my Estate.

If this Designation of Beneficiary provides for payment to a trustee under a trust agreement, Aetna Life Insurance Company shall not be obliged to inquire into the terms of the trust agreement and shall not be chargeable with knowledge of the terms thereof. Payment to and receipt by the trustee shall fully discharge all liability of said Insurance company to the extent of such payment.