

Life Insurance and Accidental Death (AD&D) Insurance Beneficiary Change Form

For CN Sponsored Life Insurance and AD&D Policies Only

Employee Name: _____
Last
First
Middle Initial

PIN: _____

Return Completed Form to:
 CN Benefits
 17641 S. Ashland Ave
 Homewood, IL 60430
 Fax: 708-332-3580

In accordance with the Group Policy, I hereby revoke any previous designations of primary beneficiary(ies) and contingent beneficiary(ies) (if any) and designate as primary beneficiary(ies) (if any) in the event of my death, the following:

Primary Beneficiary Designation

Full Name (Last, First, Middle Initial)	Relationship	Date of Birth	Address (Street, City, State, Zip)	Share %

Payment will be made in equal shares or all to the survivor unless otherwise indicated. **Total: 100%**

Contingent Beneficiary Designation

Contingent beneficiaries will receive benefits only if all primary beneficiaries are deceased.

Full Name (Last, First, Middle Initial)	Relationship	Date of Birth	Address (Street, City, State, Zip)	Share %

Payment will be made in equal shares or all to the survivor unless otherwise indicated. **Total: 100%**

If no beneficiary or contingent beneficiary designated shall be living following the insured's death, the amount payable by reason of the insured's death shall be payable as provided in the Group Policy.

I reserve the right to change the designated beneficiary(ies) at any time without (his/her/their) consent.

Name of Insured

Social Security Number

Street Address

City

State

Zip code

Signature of Insured

Date