



Life Insurance Beneficiary Designation Form

Fill out completely by typing or printing in ink

Name of Member: _____

Member's ID/Social Security Number: _____

Primary Beneficiary(ies)

If more than one beneficiary is named, they shall share equally unless otherwise stated below.
(Total share must equal 100%)

_____	_____	_____	_____	_____
Last Name	First Name	M.I.	Relationship	%Share
_____		_____	_____	_____
Address Number and Street		City	State	Zip Code
_____			_____	
Appointed Adult Trustee, if beneficiary is a minor			Relationship of Trustee To WHF Member	

_____	_____	_____	_____	_____
Last Name	First Name	M.I.	Relationship	%Share
_____		_____	_____	_____
Address Number and Street		City	State	Zip Code
_____			_____	
Appointed Adult Trustee, if beneficiary is a minor			Relationship of Trustee To WHF Member	

_____	_____	_____	_____	_____
Last Name	First Name	M.I.	Relationship	%Share
_____		_____	_____	_____
Address Number and Street		City	State	Zip Code
_____			_____	
Appointed Adult Trustee, if beneficiary is a minor			Relationship of Trustee To WHF Member	

_____	_____	_____	_____	_____
Last Name	First Name	M.I.	Relationship	%Share
_____		_____	_____	_____
Address Number and Street		City	State	Zip Code
_____			_____	
Appointed Adult Trustee, if beneficiary is a minor			Relationship of Trustee To WHF Member	

(SEE BACK)

Successor Beneficiary(ies)

Should no Primary Beneficiary(ies) survive to receive payment, as Successor Beneficiary I name:

If more than one beneficiary is named, they shall share equally unless otherwise stated below.
(Total share must equal 100%)

Last Name	First Name	M.I.	Relationship	%Share
Address Number and Street		City	State	Zip Code
Appointed Adult Trustee, if beneficiary is a minor			Relationship of Trustee To WHF Member	

Last Name	First Name	M.I.	Relationship	%Share
Address Number and Street		City	State	Zip Code
Appointed Adult Trustee, if beneficiary is a minor			Relationship of Trustee To WHF Member	

Last Name	First Name	M.I.	Relationship	%Share
Address Number and Street		City	State	Zip Code
Appointed Adult Trustee, if beneficiary is a minor			Relationship of Trustee To WHF Member	

Last Name	First Name	M.I.	Relationship	%Share
Address Number and Street		City	State	Zip Code
Appointed Adult Trustee, if beneficiary is a minor			Relationship of Trustee To WHF Member	

I hereby revoke all previous beneficiary designations and at this time designate the above listed beneficiary(ies).

Signature of Member: _____ Date: _____