



The
UNIVERSITY
of VERMONT

LIFE INSURANCE NOTICE OF CHANGE OF BENEFICIARY

Name of Employee: _____ ID Number: _____
 Name of Employer: University of Vermont Group Policy : 138236

Change my beneficiary under the current University of Vermont life insurance carrier to:

Primary Beneficiary(ies) Class I

Name and Address	Relationship to Me

Contingent Beneficiary(ies) Class II, if any:

Name and Address	Relationship to Me

If additional space is needed, use reverse side.

Payment to children of a deceased child on mine. If a child of mine is named above as a Beneficiary and the child predeceases me, the share of the benefits that would have been payable to that child if such child had survived me is to be paid in equal lump sum payments to such of the children of such child as survive me. (This provision is applicable only if the preceding box () is marked with an (X) or a (√).

Order of Payment and Division of Benefits. Unless otherwise provided:

- a) payment at my death is to be made to a Beneficiary if he or she is then living and if there is not Beneficiary in a prior class living:
- b) if a Class of Beneficiaries contains more than one (1) person, the benefits due the Beneficiaries in such Class at my death are to be apportioned in equal shares to the living Beneficiaries in the Class:
- c) if all Beneficiaries predecease me, the benefits will be payable to my estate.

Definition of Terms: Unless otherwise provided, these terms have the meanings indicated:

CHILDREN - the children born of any and all marriages and any children legally adopted at any time.
 ESTATE - my duly appointed Executors or Administrators.

Date of Signature	Employee Signature
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If you use this side, please date and sign below

Primary Beneficiary(ies) Class I

Name and Address

Relationship to Me

Contingent Beneficiary(ies) Class II, if any:

Name and Address

Relationship to Me

Date of Signature

Employee Signature