



The University of Vermont

EmployeeID: _____

LIFE INSURANCE NOTICE OF CHANGE OF BENEFICIARY

Name of Employee: _____

Name of Employer: _____ The University of Vermont _____ Group Policy: 138236A

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

Primary Beneficiary(ies) Class 1

Name and Address	Relationship to Me

Contingent Beneficiary(ies) Class II, if any:

Name and Address	Relationship to Me

If space is needed to list additional beneficiaries, use the reverse side.

☐ Payment to the children of a deceased beneficiary of mine. If a beneficiary predeceases me, the share of the benefits that would have been payable to that beneficiary if that beneficiary had survived me, is to be paid in equal lump sum payments to the beneficiary's child(ren) who survive(s) me. [This provision is applicable only if the preceding box (☐) is checked.]

Order of Payment and Division of Benefits

Unless otherwise instructed:

- a) payment at my death is to be made to a Beneficiary if he or she is then living and if there is not a Beneficiary in a prior class living;
- b) if a Class of Beneficiaries contains more than one person, the benefits due the Beneficiaries in that 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 defined:

CHILDREN: the children born of any and all marriages and any children legally adopted at any time.

ESTATE: my duly appointed Executors or Administrators.

Employee Signature

Date

If you use this side, please date and sign below.

Primary Beneficiary(ies) Class 1

Name and Address

Relationship to Me

Contingent Beneficiary(ies) Class II, if any:

Name and Address

Relationship to Me

Employee Signature**Date**