

**University of Notre Dame
Office of Human Resources**

GROUP LIFE & TRAVEL ACCIDENT BENEFICIARY DESIGNATIONS

Date _____

Name _____ Social Security Number _____

TIAA / Teachers Insurance and Annuity Association

Policy # E534

GROUP LIFE INSURANCE

Date of Hire _____ Original Designation* _____ Change of Beneficiary ** _____

Date of Birth _____ Male _____ Female _____ Annual Salary _____

Is Optional Insurance Requested _____ Yes _____ No _____ Option # _____

Primary Beneficiary _____ Relationship _____

Address _____

Contingent Beneficiary _____ Relationship _____

Address _____

*I hereby apply for insurance under group policy issued by Teachers Insurance and Annuity Association subject to all the terms, conditions and provisions of said policy. If a contribution towards the premium is required, I authorize the necessary deductions from my earnings.

I hereby am changing my beneficiary designations as shown above. **Payment to Children of a Deceased Child of Mine. If a child of mine is named above as a Beneficiary and that child predeceased 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 checkmark. **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 there is no Beneficiary in a prior Class living; (b) if a Class or Beneficiaries contains more than one 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.

Signature _____ Date _____

If you would like your beneficiary designations to remain the same for the Travel Accident Insurance also, please check this box: and initial _____ .

AIG LIFE INSURANCE COMPANY

Policy # GTP0008044626

TRAVEL ACCIDENT INSURANCE

Date of Hire _____ Original Designation _____ Change of Beneficiary _____

Primary Beneficiary _____ Relationship _____

Address _____

Contingent Beneficiary _____ Relationship _____

Address _____

Signature _____ Date _____