

**BENEFICIARY DESIGNATION
THE UNIVERSITY OF ALABAMA SYSTEM
GROUP LIFE INSURANCE**

To be completed by Employee:

Name: _____

Dept: _____ Social Sec. No.: _____

Date of Birth: _____ Sex: _____

Primary Beneficiary(ies):	Relationship:
_____	_____
_____	_____
_____	_____
_____	_____

Contingent Beneficiary(ies):
(To be paid only if primary beneficiary is not living)

_____	_____
_____	_____
_____	_____
_____	_____

I make the above designation of beneficiary with respect to all insurance provided now or in the future under the group Policy for which this application is submitted. The right to change my beneficiary is reserved to me.

Date Signed: _____ Signature: _____