



## REQUEST FOR CHANGE OF BENEFICIARY

ADA Member Name: \_\_\_\_\_

ADA Member Number: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

Insurance Plan: \_\_\_\_\_ Certificate Number: \_\_\_\_\_

Please complete this form and return it to Great-West by fax or mail. (See Beneficiary Naming Guide for assistance or call 800-568-2001.) From this information, a Change of Beneficiary form may be prepared for your signature and mailed to you.

Note: Any amount payable under the Accidental Death Benefit (life insurance only) will be merged with proceeds and paid out in the same manner, unless otherwise required.

### DESIGNATION OF BENEFICIARY

#### PRIMARY

Full Name	Relationship to Insured	Percent of Benefit
_____	_____	_____
_____	_____	_____
_____	_____	_____

#### CONTINGENT (if Primary Beneficiary predeceases the Insured OR dies after the Insured but before proceeds are exhausted)

Full Name	Relationship to Insured	Percent of Benefit
_____	_____	_____
_____	_____	_____
_____	_____	_____

Signature of Member: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Owner: \_\_\_\_\_ Date: \_\_\_\_\_

### GREAT-WEST LIFE & ANNUITY INSURANCE COMPANY

800-568-2001 • 303-737-4843 fax • P.O. Box 340, Denver CO 80201 • [ada@gwl.com](mailto:ada@gwl.com)



## COMMON BENEFICIARY DESIGNATIONS

<b>Proposed Beneficiary</b>	<b>SAMPLE WORDING to Insert on Change Request Form</b>
Spouse	Jane Doe
Named Child(ren)	Jennifer Doe and James Doe
Percentage to Spouse, Percentage to Child	50% to Jane Doe, 50% to Jennifer Doe
Children of Insured	Children of John Doe
Children per stirpes*	Children per stirpes
Children born of a particular marriage	Children born of the marriage between John Doe and Jane Doe
Estate of the Insured	Estate of John Doe
Corporation	ABC Company, Inc.
Partnership	Smith & Jones Partnership
Trustee under Last Will & Testament	Trustee named in Last Will & Testament. If no Trustee qualifies OR if no Will is admitted to probate within six months of the Insured's death, then to the Executors or Administrators of the Insured.
Trustee under Trust Agreement	_____ (name of Trustee) or successor(s) in Trust, as Trustee under the _____ (name of Trust) dated _____ (date of Trust)

\* Proceeds are divided equally among named beneficiaries. If a beneficiary dies before the Insured, his/her proceeds shall be equally distributed among the remaining beneficiaries.

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