

Metropolitan Life Insurance Company  
**BENEFICIARY DESIGNATION**



Please read Instructions on next page before completing this form. Do not erase or attempt to make corrections; use a new form.

Name of Association Military Benefit Association

Group Policy No. 149107 Insured's Social Security No. \_\_\_\_\_

In accordance with the conditions of the Group Policy listed above, I hereby revoke any previous designations of primary beneficiary(ies) and contingent beneficiary(ies) (if any) and designate as primary beneficiary(ies) and contingent beneficiary(ies) (if any) in the event of the insured's death, the following:

**Primary Beneficiary Designation**

Full Name (Last, First, Middle Initial)	Relationship	Date of Birth	Social Security #	Address (Street, City, State, Zip)	Share %

Payment will be made in equal shares or all to the survivor unless otherwise indicated. 100%

In the event said primary beneficiary(ies) predecease(s) the insured, I designate as contingent beneficiary(ies)

**Contingent Beneficiary Designation**

Full Name (Last, First, Middle Initial)	Relationship	Date of Birth	Social Security #	Address (Street, City, State, Zip)	Share %

Payment will be made in equal shares or all to the survivor unless otherwise indicated. TOTAL: 100%

If no beneficiary or contingent beneficiary designated shall be living following the insured's death, the amount payable by reason of the insured's death shall be payable as provided in the Group Policy.

**Note: See Next Page for Important Information**

**Trust(ee) Designation** (applies only if a trust has been created in an executed trust agreement)

Name of Trustee(s) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

and successor(s) in trust, as Trustee(s) under \_\_\_\_\_  
("Title of Agreement")

Dated \_\_\_\_\_ executed by me and said Trustee(s).

MetLife shall not be responsible for the application or disposition of the proceeds by said Trustee(s), and the receipt of the proceeds by said Trustee(s) shall be full discharge of the liability of MetLife under the Group Policy.

If this form is executed by the insured, it is understood and agreed, however, that if MetLife receives proof satisfactory to it that the aforesaid trust has been revoked or is not in effect at the insured's death, the beneficiary shall be the insured's Estate, and payment to the estate's legal representative based on such proof shall be full discharge of liability of MetLife under the Group Policy or certificate.

If this form is executed by the current owner (who is not the insured), it is understood and agreed, however, that if MetLife receives proof satisfactory to it that the aforesaid trust has been revoked or is not in effect at the insured's death, the beneficiary shall be the current owner, if living at the insured's death, or the current owner's estate if the current owner is not living at the insured's death, and payment to the estate's legal representative based on such proof shall be full discharge of liability of MetLife under the Group Policy or certificate.

**Trust(ee) (Under Will) Designation** (applies only if a trust has been set forth in your Will)

The trust(ee) under any last Will and Testament of mine as shall be admitted to probate.

If for any reason whatsoever, no Trust(ee) under any such last Will and Testament shall be duly appointed, I hereby designate **My Estate** as beneficiary and any payment made in good faith to the legal representative of my estate shall be full discharge of the liability of MetLife under the Group Policy.

**I reserve the right to change the designated beneficiary(ies) at any time without (his/her/their) consent.**

Marital Status:  Married  Single  Divorced  Widowed (Please Print)

Name of Insured or Owner (if assigned) \_\_\_\_\_

Daytime Phone No. \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Signature of Insured or Owner (if assigned) \_\_\_\_\_

Date Signed \_\_\_\_\_

**For Administrative Use Only (DO NOT COMPLETE THIS SECTION)**

Changes recorded by: \_\_\_\_\_ Date: \_\_\_\_\_

**Submit Completed Form To: MAS - Militia Administrative Services, Inc. 48 Main Street, Sturbridge, MA 01566. Call 800-633-8333 for more information and Retain a Copy for Your Records**