SECURITYLIFE
INSURANCE COMPANY OF AMERICA

Beneficiary Designation Form

Employer Name: **Delaware Department of Correction (This $2,000 Life Insurance Policy is provided by the Department at no cost to you.)**

Group Number: **893** Social Security Number: _____

Employee Name: _____
Last First

☐In accordance with the terms of the group policy shown above, I revoke all previous designations of beneficiary and designate the following beneficiary:

PRIMARY BENEFICIARY DESIGNATION
Note: If more than one beneficiary is designated and no percentage has been designated, they will be paid in equal shares.

Name:		Relationship to Employee:	
Social Security Number:		Percentage:	
Name:		Relationship to Employee:	
Social Security Number:		Percentage:	
Name:		Relationship to Employee:	
Social Security Number:		Percentage:	

CONTINGENT BENEFICIARY DESIGNATION
(contingent beneficiary will receive benefits only if primary beneficiary does not survive you)

Note: If more than one beneficiary is designated and no percentage has been designated, they will be paid in equal shares

Name:		Relationship to Employee:	
Social Security Number:		Percentage:	
Name:		Relationship to Employee:	
Social Security Number		Percentage:	
Name:		Relationship to Employee:	
Social Security Number:		Percentage:	

Employee Signature:_____ Date:_____

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