

## Beneficiary Designation Change Form

This designation will apply to the following **MetLife** coverage(s), if available to you through your Employer: Basic and Accidental Death & Dismemberment (AD&D), Extra Group Life, Voluntary Life and Voluntary AD&D. Designations made below, or on a separate sheet of paper, are not valid unless signed, dated.

Sign and date the completed form and return it to the **NBA VEBA** at the address above.

### MEMBER/EMPLOYER INFORMATION

Your Name (Last, First, Middle)		Social Security No.	
Your Address	City	State	Zip
Employer Name		City	
Group Name NEBRASKA BANKERS ASSOCIATION VOLUNTARY EMPLOYEES BENEFICIARY ASSOCIATION		Group No. <b>222480</b>	

### Beneficiary Information:

- Your designation revokes all prior designations.
- Benefits are payable to a contingent beneficiary only if you are not survived by one or more primary Beneficiaries.
- If you name two or more Beneficiaries in a class (primary or contingent), two or more surviving Beneficiaries will share equally.
- If a minor (a person not of legal age) or your Estate is the named Beneficiary, it may be necessary to have a guardian or legal representative appointed by the court before any death benefit can be paid. **If the Beneficiary is a trust or trustee, the written trust must be identified in the Beneficiary designation along with the date of the Trust.**
- Spouse and dependents life insurance, if any, is payable to you, if living, or as provided under your Employer's coverage under the Group Policy.
- If you complete the "% of Benefit" box(es), the amount should add up to 100% for each claim (primary or contingent).

Primary – Full Name	Address	Soc. Sec. No	Relationship	% of Benefit

Contingent – Full Name	Address	Soc. Sec. No	Relationship	% of Benefit

\_\_\_\_\_  
Signature of Member/Employee

\_\_\_\_\_  
Date