



DESIGNATION/CHANGE OF BENEFICIARY

Aetna Life Insurance Company
Hartford, Connecticut 06156

Pensions & Financial Services Department

PLEASE TYPE OR PRINT IN INK. TO CHANGE A DESIGNATION, COMPLETE A NEW FORM. DESTROY THE OLD.

Form with fields: NAME OF CONTRACTHOLDER/CUSTOMER, NAME OF PLAN, PLAN NO. (if applicable), CONTRACT NO., NAME OF PARTICIPANT/DESIGNATOR, MARITAL STATUS, DATE OF MARRIAGE, PARTICIPANT NO.

CONDITIONS — Unless otherwise expressly provided on this Designation/Change of Beneficiary form, any sum becoming payable upon my death under my employer's plan will be payable as prescribed in such plan.

- a. My designated primary beneficiary or beneficiaries if they should survive me;
b. My designated secondary beneficiary or beneficiaries if no designated primary beneficiary or beneficiaries survive me.

Moreover, unless otherwise expressly provided on this form, if an installment death benefit should become payable to my primary beneficiary(ies) and such primary beneficiary(ies) should subsequently die, then any sum becoming due upon the death of such beneficiary(ies) shall be payable to my secondary beneficiary(ies).

If there is no designated beneficiary(ies) living on the due date of a death benefit payment, payment will be made as follows:

- a. To the estate of the last surviving beneficiary whose death occurred after mine, or
b. To my estate if all named beneficiaries die before me.

If this Designation/Change of Beneficiary form provides for payment to a trustee under a trust agreement, the plan and its agents shall not be obliged to inquire into the trust agreement and shall not be chargeable with knowledge of the terms thereof.

If my marital status changes, the validity of this designation may be affected. In the event of such a change, I should complete a new Designation/Change of Beneficiary form.

DESIGNATION REQUEST — Subject to the terms of my employer's plan, I request that any sum becoming due upon my death be payable to the beneficiary(ies) designated below. I understand this designation shall revoke all prior beneficiary designations made by me under my employer's plan.

PRIMARY BENEFICIARY — IF MORE THAN ONE IS NAMED, THE BENEFICIARIES SHARE EQUALLY, UNLESS OTHERWISE STATED.

Table with 5 columns: NAME OF BENEFICIARY, RELATIONSHIP, ADDRESS OF BENEFICIARY, SOCIAL SECURITY NO., DATE OF BIRTH

SECONDARY BENEFICIARY — IF MORE THAN ONE IS NAMED, THE BENEFICIARIES SHARE EQUALLY, UNLESS OTHERWISE STATED.

Table with 5 columns: NAME OF BENEFICIARY, RELATIONSHIP, ADDRESS OF BENEFICIARY, SOCIAL SECURITY NO., DATE OF BIRTH

CERTIFICATION

I understand that this Designation of Beneficiary is subject to all the CONDITIONS above.
SIGNATURE OF PARTICIPANT/DESIGNATOR, DATE, SIGNATURE OF WITNESS, DATE

To the best of my knowledge, the marital status of the participant/designator is as shown above.

REMARKS
SIGNATURE OF PLAN REPRESENTATIVE, DATE

I certify that I agree to the designation by my spouse of a beneficiary other than myself. I understand that, if I have not been named a beneficiary, I will not be entitled to any death benefit payable under the plan; further, that if I have been named a beneficiary, but not the sole beneficiary I will not be entitled to the entire death benefit payable under the plan.

SIGNATURE OF SPOUSE, DATE

The spouse's consent was signed or acknowledged in my presence.

SIGNATURE OF PLAN REPRESENTATIVE/NOTARY PUBLIC, DATE

INSTRUCTIONS

If a mistake is made, or if the requested information is not in the proper place on this form, do not make erasures or corrections. Complete a new form instead. Do not delete or alter the printed material in any way.

If a married woman is to be named, her full name should be shown — For Example: Mary J. Smith, not Mrs. John Smith. Likewise, if the form is to be signed by a married woman, she should sign her given name.

When two or more beneficiaries are to be named and they are not to share equally, the fraction each beneficiary is to receive must be shown. Do not specify in dollars and cents. For Example: $\frac{2}{3}$ to Mary J. Smith, daughter; $\frac{1}{3}$ to John J. Smith, father.

Avoid naming the estate as beneficiary except when a beneficiary in a foreign country is to be named. If it is necessary to designate the estate, the expression "Executors or Administrators for the estate of _____," should be used.

If a trustee is to be named, show the name and address of the trustee and the date of the trust agreement. For Example: The _____ Trust Company of Hartford, CT as Trustee under Trust Agreement dated _____.

Beneficiary designations are valid only if they are in writing and signed by the participant/designator. The participant/designator's name should be signed as the name is typed or written on the form. If the participant/designator cannot sign his name, his mark should be witnessed by two persons other than the designated beneficiary(ies).

A Plan Representative should certify to the marital status of the member.

A Plan Representative or a Notary Public must witness the spouse's signature by signing his/her name.

It is necessary to enter the beneficiary's relationship, complete address, social security number (if known), and date of birth.

Please: DO NOT abbreviate the city.

DO NOT use a nickname.

DO NOT sign last name *first* in the signature space.

DO NOT *print* the name in the signature space.

DO NOT rewrite the participant/designator's name under his signature if it is illegible. A signature is legally acceptable if it has been witnessed.

USE Jr. or Sr. where necessary.

If there are any questions, you should contact a Plan Representative.