



# RETIREE GROUP LIFE INSURANCE PLAN BENEFICIARY DESIGNATION

Print Date: 04/28/2016

**Important: Please read the reverse side of this form before proceeding.**

*Please type or print in black ink.*

<b>Reason</b>	<input type="checkbox"/> Initial Designation <span style="margin-left: 150px;"><input checked="" type="checkbox"/> Change Prior Designation</span>			
<b>Part 1 Employee Information</b>	Employee Name: (Last) (First) (M.I.)			Social Security Number:
<b>Part 2 Primary Beneficiary Designation</b>	I hereby designate the following individual(s) as my primary beneficiary(ies) to receive benefits under the Basic Life Insurance Plan. If additional space is required, enter the additional beneficiary information on a separate sheet. Sign and date the attachment and staple it to this form.			
<b>Primary Beneficiary Name</b> (last, first, middle initial) and Address	% of Death Proceeds	Social Security Number (Taxpayer I.D. Number)	Date of Birth	Relationship
<b>Contingent Beneficiary(ies)</b>	In the event that your primary beneficiary(ies) pre-decease you, you may name contingent beneficiary(ies) below. If additional space is required, enter the additional contingent beneficiary information on a separate sheet. Sign and date the attachment and staple it to this form.			
<b>Contingent Beneficiary Name</b> (last, first, middle initial) and Address	% of Death Proceeds	Social Security Number (Taxpayer I.D. Number)	Date of Birth	Relationship
<b>Part 3 Employee Signature and Date</b>	_____ Employee Signature <span style="float: right;">Date</span>			
<b>Part 4 Witness Signature and Date</b>	_____ Witness Signature (Must not be beneficiary) <span style="float: right;">Date</span>			
<b>Resources Only</b>	_____ <i>OxyLink</i> Representative <span style="float: right;">Date</span>			

## INSTRUCTIONS

**Reason:** Check one box only.

**Part 1 Employee Information:** Provide all information, regardless of reasons checked.

**Part 2 Beneficiary Designation:** You may change your beneficiary designation at any time. When your human resources representative accepts your designation, it will be effective at the time it was completed and dated by yourself. Upon acceptance, this designation cancels any previous beneficiary designations that have been made.

- This designation will not affect your beneficiary designations for any other company-sponsored benefit plan.
- Enter the given name of each beneficiary - for example, Mary J. Jones, *not* Mrs. John Jones. Also enter each beneficiary's address, Social Security number and date of birth.
- Enter your relationship to each beneficiary. If the beneficiary is not your spouse or a blood relative, enter "no relation."
- If you designate more than one beneficiary, indicate the percentage of the distribution you wish each beneficiary to receive. Make sure the percentages total 100. If no percentage is specified, the distribution will be paid in equal amounts to each surviving beneficiary.
- Enter as many beneficiaries as you wish. If additional space is required, enter the additional beneficiary information on a separate sheet. Sign and date the attachment and staple it to this form.
- If a minor (a person not of legal age) is named as a beneficiary, it may be necessary that a guardian be appointed by a court before payment can be made on behalf of such beneficiary.
- If any of your beneficiaries die before you and you do not change your beneficiary designation, the percentage such beneficiaries would have received will be divided equally among your surviving beneficiaries.
- If all of your designated primary beneficiaries die before you, payment will be made to your contingent beneficiaries. If all of your contingent beneficiaries die before you, or you choose not to name any contingent beneficiaries, payment will be made in the following order:
  - Your surviving spouse
  - Your surviving children, equally
  - Your surviving parents, equally
  - Your surviving brothers and sisters, equally
  - Your estate

**Part 3 Employee Signature and Date:** Please sign and date your election.

**Part 4 Witness Signature and Date:** Witness must not be a beneficiary. Return form to:

**OxyLink Employee Service Center  
4500 S 129<sup>th</sup> East Ave  
Tulsa OK 74134-5870**