Ball State University Group Life Insurance Beneficiary Designation Form Account Number 11439

Please print all information legibly except where signature is required.

Employee information	า			
Last name	, First	name	MI	
Social Security Number	Date	of birth	Date of hire	
Beneficiary information	on			
Please list all PRIMARY beneficity your life insurance benefit) and to more than one beneficiaries. Per	he percent of be ercentages shoul	nefit they are to red		ve one or
Primary Beneficiary Name	Relationship	Current address	}	Percentage
Please list all CONTINGENT ber and your primary beneficiary(s) a Naming a contingent beneficiary	are all deceased is optional.		o not receive any b	
Contingent Beneficiary Name	Relationship	Current address		rercentage
Signature				
I hereby certify that the foregoing information stated above supersede				he
For Beneficiary Designations to that if I choose to designate the Ball completed designation form to the a and as a result, the Foundation will Ball State Foundation will ensure the executed beneficiary designation in designation, to be retained until and	State Foundation ttention of the BSI have full knowledg at the Payroll & En	as my beneficiary, in J Foundation where in e of my designation. Inployee Benefits Dep	part or in whole, I w my designation will b Further, I understan partment receives this	ill submit this e recorded, d that the
doorgination, to be retained until and				