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

Please print all information legibly except where signature is required.

Employee informatio	on .		
Last name	,	First name	
XXX—XX—			
Social Security Number (last 4 digits only)		Date of birth	Date of hire
Beneficiary informati	ion		
Please list all PRIMARY benefic nsurance benefit) and the perc peneficiary. Percentages shou	ent of benefit they		
Primary Beneficiary Name	Relationship	Current address	Percentage
Contingent Beneficiary Name	Relationship	Current address	Percentage
Signature hereby certify that the foregoing above supersedes all prior benefic For Beneficiary Designations to choose to designate the Ball State designation form to their attention knowledge of the designation. Further properties of the period of the designation is designation by the Foundation.	iary designations I refer the Ball State Ure e Foundation as me where my designate or the standard the standa	niversity Foundation (option by beneficiary, in part or in white ion will be recorded, and as and that the Ball State Foundation	nal): I further acknowledge tha hole, I am returning this compl a result, the Foundation will have ation will ensure that the Payro