



# Authorization for change of beneficiary

## MEMBER INFORMATION

Member Name (Full Name)

Social Security Number

## LIFE

Designation listed below apply to RB&I.

RB&I Life Insurance Policy

**PRIMARY BENEFICIARIES** - In the event of my death, I hereby name the following primary beneficiaries to receive any death benefits payable for the policies indicated above.

## PRIMARY BENEFICIARIES

Name	Address	SSN	Relationship	Percent of Benefit Payable
<b>Percent of Benefit Payable for All Primary Beneficiaries Must Total:</b>				<b>100%</b>

If any of the primary beneficiaries above predecease me, then the remaining primary beneficiaries shall receive in equal shares any death benefits payable for the policies indicated above unless I otherwise direct as follows:

**ALTERNATE BENEFICIARIES** - In the event of my death and the death of all of primary beneficiaries, I hereby name the following alternate beneficiaries to receive any death benefits payable for the policies indicated above.

## ALTERNATE BENEFICIARIES

Name	Address	SSN	Relationship	Percent of Benefit Payable
<b>Percent of Benefit Payable for All Alternate Beneficiaries Must Total:</b>				<b>100%</b>

If any of the alternate beneficiaries above predecease me, then the remaining alternate beneficiaries shall receive any death benefits payable for the policies indicated above unless I otherwise direct as follows:

In the event I designate more than one primary beneficiary or more than one alternate beneficiary but do not indicate the percent of benefit payable to each beneficiary, then all primary beneficiaries or all alternate beneficiaries will share equally in the death benefits payable for the RB&I Life policy.

I understand the beneficiary designations listed above revoke and supersede any and all of my prior beneficiary designations for the Los Angeles Police Retirement Benefit & Insurance Association, Inc.

## AUTHORIZATION

Member Signature

Date