

Authorization for change of beneficiary

Member Name (Full Name)				
Member Name (Full Name)		Last 4 digits of SS#		
LIFE				
Designation listed	☐ RB&I Life Insurance Policy			
below apply to RB&I.	The risulance Policy			
DDIMADY BENEFICIADIES - In the	I e event of my death, I hereby name the following p	rimary honoficiaries to r	ocoivo any doath	honofits
payable for the policies indicate		illiary beneficialles to i	eceive any death	belletits
DDIMARY DENERICIADIES				
PRIMARY BENEFICIARIES				Percent of
Name	Address	SSN	Relationship	Benefit Payable
				-
	Porcent of Ronofit Payak	 le for All Primary Benefic	iarios Must Total:	100%
	es above predecease me, then the remaining prima			
alternate beneficiaries to receive	n the event of my death and the death of all of prin e any death benefits payable for the policies indica	-	by name the follo	wing
ALTERNATE BENEFICIARIES	<u> </u>			
Name				
Name	Address	SSN	Relationship	Percent of Benefit Pavable
Nume	Address	SSN	Relationship	Percent of Benefit Payable
Nume	Address	SSN	Relationship	
Nume	Address	SSN	Relationship	
- Nume				Benefit Payable
Tunic .	Address Percent of Benefit Payable			
If any of the alternate beneficia		e for All Alternate Benefic	iaries Must Total:	Benefit Payable
If any of the alternate beneficia for the policies indicated above In the event I designate more the benefit payable to each beneficial.	Percent of Benefit Payable ries above predecease me, then the remaining alternaless I otherwise direct as follows: an one primary beneficiary or more than one alter ary, then all primary beneficiaries or all alternate be	e for All Alternate Beneficernate beneficiaries shall	iaries Must Total: receive any deat	100% h benefits payable ercent of
If any of the alternate beneficia for the policies indicated above In the event I designate more th benefit payable to each beneficipayable for the RB&I Life policy.	ries above predecease me, then the remaining alternates I otherwise direct as follows: an one primary beneficiary or more than one alter ary, then all primary beneficiaries or all alternate by	e for All Alternate Benefic ernate beneficiaries shall nate beneficiary but do n eneficiaries will share ec	iaries Must Total: receive any deat	100% h benefits payable ercent of h benefits
If any of the alternate beneficia for the policies indicated above In the event I designate more th benefit payable to each benefici payable for the RB&I Life policy. I understand the beneficiary designate more than the beneficiary designate.	Percent of Benefit Payable ries above predecease me, then the remaining alternaless I otherwise direct as follows: an one primary beneficiary or more than one alter ary, then all primary beneficiaries or all alternate be	e for All Alternate Benefic ernate beneficiaries shall nate beneficiary but do n eneficiaries will share ec	iaries Must Total: receive any deat	100% h benefits payable ercent of h benefits
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