(check only one box) ☐ Initial Beneficiary Designation(s) OR;

☐ Change of all Prior Beneficiary Designation(s)

I hereby revoke any previous beneficiary designation(s), if any, for my group term life insurance and/or accidental death and dismemberment (AD&D) insurance issued to this group or employer and direct that the insurance proceeds payable under the policy be paid as indicated below.

Employee Name	**Social Security Number**
Employee Address	**Telephone Number**
Policy Holder/Employer **Las Vegas Police Protective Association Metro, Inc.**	

NAMING THE BENEFICIARY

It is important that your beneficiary designation be clear so that there will be no question as to your intent. It is also important that you name a primary and contingent beneficiary. When naming your beneficiary(ies) please indicate their full name, address, social security number, and relationship. If the beneficiary is not related either by blood or marriage, insert the words, "Not Related."

Primary Beneficiary(ies)

Name

Address

Social Security Number: Relationship: Benefit Percent:

Name

Address

Social Security Number: Relationship: Benefit Percent:

Contingent Beneficiary(ies)

Name

Address

Social Security Number: Relationship: Benefit Percent:

Name

Address

Social Security Number: Relationship: Benefit Percent:

I, the undersigned, reserve the right to change the beneficiary(ies) without the consent of said beneficiary(ies).

Signature of Employee: Date: