

**State of West Virginia Public Employee Insurance Agency  
Change In Beneficiary Form**

CIB

**Complete this form to Change the distribution of your life insurance.**

<b>Employee</b>	<b>Full Legal Name</b> (Last) (First) (MI) (Generation: Jr., Sr., etc.)				Social Security Number
	Mailing Address			County of Residence	Home Telephone ( )
	City	State		Zip	Work Telephone ( )
	Physical Address				Sex (Circle one) M F
	City	State		Zip	Date of Birth (mm/dd/yy)

If more than one Beneficiary is named, you may divide the death benefit by noting what percentage is to be paid to each beneficiary in the 'Distribution %' box. If no percentage is noted, the death benefit will be paid in equal shares to the named beneficiaries who survive the employee. If unequal percentages are assigned to the beneficiaries, the share of any beneficiary who predeceases the employee will be distributed equally among all surviving name beneficiaries. If no such beneficiary survives, the payment will be made in accordance with the terms of the policy.

<b>Basic Life Beneficiary</b>	<b>Basic Life Insurance Change of Beneficiary</b>				
	Please designate the beneficiary(s) of your Basic Life insurance coverage below. The name of the beneficiary must be the full LEGAL name spelled out, and written Jane B. Doe and not Mrs. John Doe or J. A. Doe.				
	Legal Name (Last, First, MI, Generation)	Address (if different from above)	Relationship	Telephone Number	Distribution %

<b>Optional Life Beneficiary</b>	<b>Optional Life Insurance Change of Beneficiary</b>				
	Please designate the beneficiary(s) of your Optional Life insurance coverage below. The name of the beneficiary must be the full LEGAL name spelled out, and written Jane B. Doe and not Mrs. John Doe or J. A. Doe.				
	Legal Name (Last, First, MI, Generation)	Address (if different from above)	Relationship	Telephone Number	Distribution %

<b>Signatures</b>	I wish to make the changes marked above. I understand that I may, at a future date, choose to change the above beneficiary(s) in accordance with policy provisions.	
	Policyholder's Signature:	Date:
	Witness' Signature:	Date:
	<b>The Witness must be a person other than a Beneficiary.</b>	