



# BASIC LIFE INSURANCE (Non-RSA) DESIGNATION OF BENEFICIARY

## For City elected officials and former State of Alabama employees not eligible for the RSA Preretirement Death Benefit

You need to designate the persons you wish to leave the proceeds from your City life insurance policy in the event of your death.

If any Primary Beneficiary or Contingent Beneficiary is a minor (under the age of 19 and has not had his/her disabilities of non-age removed) or is mentally incapacitated, the City will pay the person's share of the proceeds to such Beneficiary's court-appointed Guardian.

It is your right and responsibility to change your Beneficiary(ies) at any time before your death, should you wish to do so, by completing a new form designating your new Beneficiary(ies). The change will become effective on the date the form is signed.

**PLEASE MAKE SURE THIS FORM IS COMPLETE BEFORE YOU SIGN AND DATE IT.**

EMPLOYEE NAME: \_\_\_\_\_ (Print)  
SOCIAL SECURITY #: \_\_\_\_\_  
DATE OF BIRTH: \_\_\_\_\_

<b>PRIMARY BENEFICIARY</b> <i>(If you list more than one, they will share equally.)</i>			
1. Name	Relationship	Date of Birth	Social Security #
Address	City	State	Zip Code
2. Name	Relationship	Date of Birth	Social Security #
Address	City	State	Zip Code
<b>CONTINGENT BENEFICIARY</b> <i>(Contingent beneficiaries ONLY receive proceeds if you are not survived by one or more Primary beneficiaries.)</i>			
1. Name	Relationship	Date of Birth	Social Security #
Address	City	State	Zip Code
2. Name	Relationship	Date of Birth	Social Security #
Address	City	State	Zip Code

Employee Signature \_\_\_\_\_ Date Signed \_\_\_\_\_  
Witnessed By (Signature) \_\_\_\_\_ Date Signed \_\_\_\_\_  
Witnessed By (Print) \_\_\_\_\_

Return completed form to the Risk Management Benefits Division  
City Hall  
103 N. Perry St.  
Montgomery, AL 36104  
Fax: 334.625.2316 | E-mail: [benefits@montgomeryal.gov](mailto:benefits@montgomeryal.gov)