



Beneficiary Designation Form

Employee Name: _____

Social Security Number: _____

Plan Specification

Check the box next to the plan to which this beneficiary designation applies. If you want to name different beneficiaries for different plans, complete a separate form for each plan. To make a change in your beneficiary designation for your retirement/TDA plans, please contact TIAA-CREF at (800) 842-2778 or Fidelity at (800) 343-0860.

Basic Life Insurance Supplemental Life Insurance Personal Accident Insurance Travel Accident Insurance

Beneficiary Designation

If you are covered under any of the Caltech life and accident insurance plans, you must name a beneficiary who will receive payment from the plan if you die. If you are naming an entity in addition to named individuals, you must specify a percentage for each. The total percentage must equal 100%.

Primary Beneficiary(ies)

If all your primary beneficiaries are no longer living, payment will be made to your secondary beneficiaries.

First Name	Last Name	Social Security Number	Relationship	Share %
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Special Designation

Use this section only when naming an entity such as a church or trust, otherwise, leave blank. The total percentage must equal 100%.

_____	Name of Entity	_____	Share %
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Secondary Beneficiary(ies)

If all your primary beneficiaries are no longer living, payment will be made to your secondary beneficiaries.

First Name	Last Name	Social Security Number	Relationship	Share %
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Special Designation

Use this section only when naming an entity such as a church or trust, otherwise, leave blank. The total percentage must equal 100%.

_____	Name of Entity	_____	Share %
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Employee Authorization

I authorize this beneficiary designation by signing this form. This designation of beneficiary(ies) replaces any previous designation(s) I have made. If no beneficiary survives me, settlement will be made to my estate.

_____	_____	_____	_____
Employee's Signature	Date	Witness's Signature	Date

Spousal Waiver

By signing this form, I agree with my spouse's designation. Furthermore, if I live in California, or any other community property state, and if my spouse has designated a beneficiary other than myself, I waive my right to any community property interest in these benefits.

_____	_____	_____	_____
Spouse's Signature	Date	Witness's Signature	Date

Spouse's signature must be witnessed by someone other than a designated or potential beneficiary.