



# Lincoln Financial Term Life – Allstate Benefits– Transamerica Whole Life

## Beneficiary Change Form

Employee Information <i>(Please print clearly)</i>		
SS#:	Date of Birth:	Employee #:
Phone #:	Employer: Iredell County Government	
Name (First Name M.I. Last Name):		
Address:		

*The Designated Beneficiary you list below is for the County provided Life Insurance (1x's annual Salary up to \$75,000, but no less than \$25,000 at no cost to employees) and all Voluntary Life Insurance coverage you have elected through Lincoln Financial, Allstate Accident and Transamerica Whole Life.*

<b>Primary Beneficiary:</b> <i>Percentage amount must equal 100%</i>						
<u>First Name</u>	<u>Last Name</u>	<u>Phone #</u>	<u>Social Security No.</u>	<u>Date of Birth</u>	<u>Relationship</u>	<u>Percentage</u>
						%
						%
						%
						%

<b>Contingent Beneficiary:</b> <i>Percentage amount must equal 100%</i>						
<u>First Name</u>	<u>Last Name</u>	<u>Phone #</u>	<u>Social Security No.</u>	<u>Date of Birth</u>	<u>Relationship</u>	<u>Percentage</u>
						%
						%
						%
						%

**Note: Contingent Beneficiary will receive benefits ONLY IF Primary Beneficiary does not survive you.**

**Employee Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_