

Please type or print clearly with a ball-point pen. **You must sign and date for the form to be valid.** This beneficiary designation cancels all prior designations. Upon completion, please mail to The Standard. To complete the designation or change online, please visit our account by logging-in at www.standard.com/mybenefits/csu.

Designations made below, or on a separate sheet of paper, are not valid unless signed, dated, and delivered to The Standard during your lifetime.

MEMBER/EMPLOYEE INFORMATION

Your Name (Last, First, Middle)		Date of Birth	
Your Address			
City		State	Zip
Group Name The California State University		Campus	
<p>This Designation applies to all enrolled coverages below, unless specified otherwise here.*</p> <ul style="list-style-type: none"> • Employer-paid Life and AD&D (603267) • Voluntary Life (101770) • Voluntary Accidental Death & Dismemberment (648371) <p><i>*Designations differing by line of coverage can be listed on a separate sheet of paper with a signature and date.</i></p>			

BENEFICIARY INFORMATION

- This designation revokes all prior designations.
- Benefits are payable to a contingent Beneficiary only if you are not survived by one or more primary Beneficiaries.
- If you name two or more Beneficiaries in a class (primary or contingent), two or more surviving Beneficiaries will share equally, unless you provide for unequal shares.
- If you complete the “% of Benefit” box(es), the total should add up to 100% for each class (primary or contingent). For example, “Primary - John Q. Doe, 60%; Jane Q. Doe, 40%.”
- If a minor (a person not of legal age) or your estate is the Beneficiary, it may be necessary to have a guardian or a legal representative appointed by the court before any death benefit can be paid. If the Beneficiary is a trust or trustee, the written trust must be identified in the Beneficiary designation including the incorporation date.
- A power of attorney must grant specific authority, by the terms of the document or applicable law, to make or change a Beneficiary designation. If you have questions, consult your legal advisor.
- Voluntary Dependent Insurance, if any, is payable to you if living, or as provided under your Employer’s coverage under the Group policy #101770 and #648371.

Primary – Full Name	Address	Birth Date	Phone No.	Soc. Sec. No. <i>if known</i>	Relationship	% of Benefit <i>Total must equal 100%</i>

Contingent – Full Name	Address	Birth Date	Phone No.	Soc. Sec. No. <i>if known</i>	Relationship	% of Benefit <i>Total must equal 100%</i>

