

The Texas A&M University System Beneficiary Designation Form Instructions

This form may be used to designate or change beneficiary designations for life insurance purposes. You must select your beneficiary – the person (or more than one person) or legal entity (or more than one entity) who receives a benefit payment if you die while covered by the plans. Please be sure to also name a contingent beneficiary – who would receive your benefit if the primary beneficiary dies with or before you.

The completion of this Beneficiary Designation Form will revoke any previous beneficiary designation(s), if any, for your group term life insurance and/or accidental death and dismemberment (AD&D) insurance issued to the Texas A&M University System.

Please make sure your beneficiary designation is clear so that there will be no question as to your intention. If you name more than one primary or contingent beneficiary, please indicate the percentage of your benefit to be paid to each beneficiary. The listed percentages must add up to 100%. Please provide all the information requested. If your beneficiary is not related to you either by blood or by marriage, select “Other” as the stated relationship. If you need assistance, contact the Human Resources office of the A&M System workstation you belong to or your own legal advisor.

A beneficiary for employee/retiree Life Insurance can be changed at any time upon written request. Adding or changing beneficiary information can be done through Workday at <https://sso.tamug.edu>. This beneficiary designation form will be available to you in HRConnect Legacy.

Please note that in no event may a beneficiary designation be changed by a Power of Attorney (POA).

Sample wording for common beneficiary designations are shown below:

Example #1:

Name: Jane Doe	Relationship: Spouse	Benefit Percentage: 100%
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Example #2:

Name: Jane Doe	Relationship: Spouse	Benefit Percentage: 50%
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Name: Susan Doe	Relationship: Daughter	Benefit Percentage: 25%
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Name: John Doe	Relationship: Son	Benefit Percentage: 25%
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Name – enter full legal name of beneficiary

Date of Birth – enter date of birth for beneficiary

Address – enter full address including street address, apartment/suite/unit number, city, state and zip code

Phone Number – enter the phone number for the beneficiary

Relationship – the relationship status of the beneficiary to you (employee/retiree)

Email Address – enter the beneficiary’s email address

If additional space is required, write, “See Attached”, on the beneficiary line of this form and attach a separate sheet, listing all the required beneficiary information for each beneficiary listed. **This separate sheet must be signed and dated by you (the Employee/Retiree) and a witness.**

The Texas A&M University System

Beneficiary Designation Form

With few exceptions, you have the right to request, receive, review and correct information about yourself collected using this form.



Employee's/Retiree's Name (Last, First, MI – please print) _____

Universal Identification Number (UIN) _____

Basic Life/Alternate Basic Life

PRIMARY BENEFICIARY(IES)

Name: _____ Date of Birth: _____
 Address: _____ Phone Number: _____
 Relationship: _____ Email Address: _____ Benefit Percent: _____ %

Name: _____ Date of Birth: _____
 Address: _____ Phone Number: _____
 Relationship: _____ Email Address: _____ Benefit Percent: _____ %

Name: _____ Date of Birth: _____
 Address: _____ Phone Number: _____
 Relationship: _____ Email Address: _____ Benefit Percent: _____ %

CONTINGENT BENEFICIARY(IES)

Name: _____ Date of Birth: _____
 Address: _____ Phone Number: _____
 Relationship: _____ Email Address: _____ Benefit Percent: _____ %

Name: _____ Date of Birth: _____
 Address: _____ Phone Number: _____
 Relationship: _____ Email Address: _____ Benefit Percent: _____ %

Optional Life

PRIMARY BENEFICIARY(IES)

Name: _____ Date of Birth: _____
 Address: _____ Phone Number: _____
 Relationship: _____ Email Address: _____ Benefit Percent: _____ %

Name: _____ Date of Birth: _____
 Address: _____ Phone Number: _____
 Relationship: _____ Email Address: _____ Benefit Percent: _____ %

Name: _____ Date of Birth: _____
 Address: _____ Phone Number: _____
 Relationship: _____ Email Address: _____ Benefit Percent: _____ %

CONTINGENT BENEFICIARY(IES)

Name: _____ Date of Birth: _____
 Address: _____ Phone Number: _____
 Relationship: _____ Email Address: _____ Benefit Percent: _____ %

Name: _____ Date of Birth: _____
 Address: _____ Phone Number: _____
 Relationship: _____ Email Address: _____ Benefit Percent: _____ %

Optional Accidental Death & Dismemberment**PRIMARY BENEFICIARY(IES)**

Name: _____ Date of Birth: _____
 Address: _____ Phone Number: _____
 Relationship: _____ Email Address: _____ Benefit Percent: _____ %

Name: _____ Date of Birth: _____
 Address: _____ Phone Number: _____
 Relationship: _____ Email Address: _____ Benefit Percent: _____ %

Name: _____ Date of Birth: _____
 Address: _____ Phone Number: _____
 Relationship: _____ Email Address: _____ Benefit Percent: _____ %

CONTINGENT BENEFICIARY(IES)

Name: _____ Date of Birth: _____
 Address: _____ Phone Number: _____
 Relationship: _____ Email Address: _____ Benefit Percent: _____ %

Name: _____ Date of Birth: _____
 Address: _____ Phone Number: _____
 Relationship: _____ Email Address: _____ Benefit Percent: _____ %

The witness section must be completed if you have named any beneficiaries on this form. The witness cannot be your beneficiary, and the date of the witness' signature must be the same as yours.

I, the undersigned, reserve the right to change the beneficiary(ies) without the consent of said beneficiary(ies).

 Employee/Retiree Signature (blue ink preferred)

 Signature Date (MM/DD/YYYY)

 Witness's Signature (blue ink preferred)

 Signature Date (MM/DD/YYYY)

 Witness's Name Printed

Date Stamp Received