

# WEA Trust – Life Insurance Beneficiary Form

(LIFE INSURANCE PLANS ARE UNDERWRITTEN BY TRUSTMARK LIFE INSURANCE COMPANY)

## EMPLOYEE INFORMATION

First Name

MI

Last Name

Social Security Number

## REASON FOR COMPLETING THIS FORM: (select one)

Initial Designation of Beneficiary

Change in Designation of Beneficiary

## BENEFICIARY INFORMATION

Please list your beneficiary's name and relationship to you in the spaces provided. If you list a beneficiary that is not a person (e.g., a charitable organization), please list the relationship as "other."

If you designate more than one beneficiary, we will pay the benefits equally to each of your designated beneficiaries. If you want us to pay the benefits in differing percentages, please indicate the percentage for each beneficiary in the space provided. The total for all beneficiaries must equal 100%.

If you do not have a named beneficiary at the time of your death, we will pay the benefits equally to members of the *first* surviving class in the following order: your spouse, your children, your parents, your brothers and sisters, your estate.

First Name

MI

Percentage of Proceeds

\_\_\_\_\_

Beneficiary's Date of Birth

mo      day      year  
 -  -

Last Name

Beneficiary's Relationship to You

Beneficiary's Social Security Number

First Name

MI

Percentage of Proceeds

\_\_\_\_\_

Beneficiary's Date of Birth

mo      day      year  
 -  -

Last Name

Beneficiary's Relationship to You

Beneficiary's Social Security Number

## SIGNATURE AND AUTHORIZATION

**IMPORTANT:** This beneficiary designation revokes all prior beneficiary designations. If you are changing your beneficiary designation, the change is effective on the date you sign and date the form. If you are changing your beneficiary, we will confirm the change in writing.

Beneficiary designations are not valid without a signature and date.

SIGNATURE \_\_\_\_\_

DATE

mo      day      year  
 -  -