BENEFICIARY DESIGNATION

Employee Address: Tele Policyholder/Employer: NAMING YOUR GROUP LIFE BENEFICIARY It is important that your beneficiary designation be clear so there will be no question as to that you name a primary and contingent beneficiary. If you need assistance, contact your own legal counsel. Benefits payable for a Dependent's death are payable, where applicab may, at Our option, pay the benefit to Your surviving spouse or to the executors or adminiprimary, at Our option, pay the benefit to Your surviving spouse or to the executors or adminiprimary, at Our option, pay the benefit to Your surviving spouse or to the executors or adminiprimary, at Our option, pay the benefit to Your surviving spouse or to the executors or adminiprimary, at Our option, pay the benefit to Your surviving spouse or to the executors or adminiprimary, at Our option, pay the benefit to Your surviving spouse or to the executors or adminiprimary, at Our option, pay the benefit to Your surviving spouse or to the executors or adminiprimary, at Our option, pay the benefits and payable or to the executors or adminiprimary, at Our option, pay the benefit seath or administration or the executors or adminiprimary, if you have a College or administration or the executors or adminiprimary and content or administration or the executors or the executors or the executors or the executors or administration or the executors or the execut	box), I hereby revoke any HARTFORD memberment (AD&D) insurance issued to
Employee Address: Policyholder/Employer:	ial Security Number: XXXXXX
NAMING YOUR GROUP LIFE BENEFICIARY It is important that your beneficiary designation be clear so there will be no question as to that you name a primary and contingent beneficiary. If you need assistance, contact your own legal counsel. Benefits payable for a Dependent's death are payable, where applicab may, at Our option, pay the benefit to Your surviving spouse or to the executors or adminiteration of the executors or administration or administration of the executors or administration admin	ephone Number:
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Name:	Company representative or your ple, to You if living, otherwise, We
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Disclaimer: Spousal consent does not apply to ERISA plans. Spousal Consent For Community Property States Only: If you live in a community property state - Alas Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin - you may complete the Spoyour spouse to waive his or her rights to any community property interest in the benefit. Certain tribal jurisdic consent. Please see your Benefits Administrator for details. This will certify that, as spouse of the Employee named above, I hereby consent to my spouse designating the beneficiaries of group life and/or accidental death insurance under the above policy and waive any rights I may under applicable community property laws. I understand that this consent and waiver supersede any prior spouse: I, the undersigned, reserve the right to change the beneficiary(ies) without the consent of said be	e of Birth:
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	cusal Consent section, which allows ctions may also require spousal the person(s) listed above as y have to the proceeds of such insurance
Cinnature of Francisco	, ,
Signature of Employee: Please note that in no event may a beneficiary be changed by a Power of Attorney (POA)	Date:

GR-11927-12 11/2013