## SAG-AFTRA HEALTH PLAN

3601 W. Olive Ave., Burbank, CA 91505 • Mailing Address: P.O. Box 7830, Burbank, CA 91510-7830 P (800) 777-4013 • F (818) 953-9880 • www.sagaftraplans.org/health

## **Designation of Beneficiaries Form**

Use this form to designate the beneficiaries of your SAG-AFTRA Health Plan (Plan) benefits in the event of your death. You may choose anyone to be your beneficiary, and you may change your designation at any time. This is a confidential legal document, which the participant or legal guardian of the participant must sign.

Date of birth (MM/DD/YYYY):

SSN:

About you:

First and last names:

<b>Instructions:</b> You must list at least one primar side.) You cannot list yourself as a beneficiary. Established benefits will not be paid to any secondary beneficiaries example, if you name two primary beneficiaries receive all of the benefits upon your death even	Be sure to indicate the share to iciary unless all primary beneficand one of them dies, the surv	be paid to each benef ciaries are deceased. F iving primary beneficia	iciary. or
You must complete a separate <i>Designation of Be</i> the AFTRA Retirement Plan for possible pension b			and/or
<b>Primary beneficiary —</b> If you have additional p	primary beneficiaries, please list	them on the back of t	his form
Name:	Relationship:	Share of benefit:	%
Address:			
Email:	Phone:		
Name:	Relationship:	Share of benefit:	%
Address:			
Email:	Phone:		
Secondary beneficiary — If you have additiona	l secondary beneficiaries, please l	ist them on the back of t	his form
Name:	Relationship:	Share of benefit:	%
Address:			
Email:	Phone:		
Name:	Relationship:	Share of benefit:	%
Address:			
Email:	Phone:		
Signature of participant or legal guardian		Date	

Primary beneficiary  MOTHER  M	N. dan a same di adam	Sample beneficiary desig	nation			
ADDRESS 12345 ANY STREET, ANY TOWN, STATE, ZIP CODE     IDEAL MARYSMITH@MARYSMITH.COM				ER	SHARE OF BENEFIT	100%
EMAIL NARYSMITH@MARYSMITH.COM	ADDRESS 12345 ANY STREET, ANY T	OWN, STATE, ZIP CODE				
Note Note on Proceedings   Note of Proceed			PHONE NUMBER (	800) 777-40	13	
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RELATIONSHIP FRIEND SHARE OF BENEFIT 50%  ADDRESS 12345 ANY STREET, ANY TOWN, STATE, ZIP CODE  EMAIL NANCYWHITE(EMANCYWHITE(COM) PHONE NAMBER (800) 777-4013  NAME JAMES SMITH BERATIONSHIP BROTHER SHARE OF BENEFIT 50%  ADDRESS 12345 ANY STREET, ANY TOWN, STATE, ZIP CODE  EMAIL NANCYWHITE(EMANCYWHITE, COM) PHONE NAMBER (800) 777-4013  Additional beneficiary designation (optional)  Iditional primary beneficiary  ame: Relationship: Share of benefit: %  ddress:  mail: Phone:  ame: Relationship: Share of benefit: %  ddress:  mail: Phone:  Iditional secondary beneficiary  ame: Relationship: Share of benefit: %  ddress:  mail: Phone:  Relationship: Share of benefit: %  ddress:  mail: Phone:  Relationship: Share of benefit: %	-		L	<u> </u>	L	•
NAMICY WHITE   RELATIONSHIP   FRIEND SHARE OF BENEFIT   50%	email N/A		PHONE NUMBER N	N/A		
ADDRESS 12345 ANY STREET, ANY TOWN, STATE, ZIP CODE  BMAIL NANC/WHITE@NANCYWHITE.COM				ED TEND		500/
PHONE NUMBER   (800) 777-4013   PHONE NUMBER   (800) 777-401		COUNTY OTATE TIP CORE	RELATIONSHIP	FRIEND	SHARE OF BENEFIT	50%
RELATIONSHIP   BROTHER   SOMMER OF BENEFIT   SOMER				000) 777 40	10	
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Phone:

Email: