



## Beneficiary Designation and Change Form

This form can be used to update your beneficiaries for Basic Life, Basic AD&D and Supplemental Life Insurance. Please send the completed form to [HRHelpdesk@winnc.com](mailto:HRHelpdesk@winnc.com).

*Note: To update your beneficiary information for your 401k, please go to [www.401k.com](http://www.401k.com) or call Fidelity at 1-800-835-5097. To update your beneficiary information for voluntary benefits, please go to [www.unum.com](http://www.unum.com) or call 1-877-225-2712.*

Employee Information					
First Name	M.I.	Last Name	D.O.B	Sex: <input type="checkbox"/> M <input type="checkbox"/> F	
Street Address		Apt #	City	State	Zip Code
SSN		Date of Hire		Effective Date of Change	
Home Telephone		Cell Phone		Email	

Primary Beneficiaries (required)	
Name: Relationship: Percent: <input type="checkbox"/> Basic Life/AD&D <input type="checkbox"/> Supplemental Life	Name: Relationship: Percent: <input type="checkbox"/> Basic Life/AD&D <input type="checkbox"/> Supplemental Life
Name: Relationship: Percent: <input type="checkbox"/> Basic Life/AD&D <input type="checkbox"/> Supplemental Life	Name: Relationship: Percent: <input type="checkbox"/> Basic Life/AD&D <input type="checkbox"/> Supplemental Life

Contingent (optional)	
Name: Relationship: Percent: <input type="checkbox"/> Basic Life/AD&D <input type="checkbox"/> Supplemental Life	Name: Relationship: Percent: <input type="checkbox"/> Basic Life/AD&D <input type="checkbox"/> Supplemental Life
Name: Relationship: Percent: <input type="checkbox"/> Basic Life/AD&D <input type="checkbox"/> Supplemental Life	Name: Relationship: Percent: <input type="checkbox"/> Basic Life/AD&D <input type="checkbox"/> Supplemental Life

Signature: \_\_\_\_\_ Date: \_\_\_\_\_