



Beneficiary Designation Form

Sutton Special Risk Policy 386/025537A

Please complete and return this form to your HR administrator

Insured Information

Last Name: _____

First Name: _____

The Beneficiary Designation is revocable unless otherwise specified (please print)

Beneficiary Designation		
Beneficiary Name (first, last name)	Relationship to Insured	% *

*if more than one beneficiary assigned, percentages should add up to 100%

If one or all your beneficiaries are minors (under the age of 18), you must assign a trustee.

Name of Trustee: _____

Relationship to Insured: _____

Authorization and Signature

Insured Signature

Date (month/day/year)