

# LIFE / AD&D Beneficiary Designation Form

Financial Services Institute

CoveredAdvisor Group Life/AD&D Insurance Plan

Guardian Policy #: 502443

Enrolled Member Name (First, Middle, Last) Please Print	Member Broker-Dealer (or firm name if no B-D affiliation)	Last 4 of Member SS# - or- Member CRD#
Enrolled Member Current Address:		Initial Designation <input type="checkbox"/> Change of Designation <input type="checkbox"/>
		Email Address (optional)

## Please Review:

- You are the beneficiary of the proceeds from any Spouse and/or Dependent coverage you elect
- Do not include Beneficiary Social Security #'s unless you believe it may be difficult to locate them in the event of a claim
- If you have more than 5 beneficiaries, please attach another form or additional page
- You are responsible for keeping your beneficiary designation(s) current. In the event of a claim, we will provide Guardian a copy of the most recent beneficiary form we have on file from you
- You may wish to consult an Attorney to ensure that your intentions are correctly reflected on this form

## Primary Beneficiaries

Name	City & State of Current Residence	Social Security # (Optional)	Birth Date (MM/DD/YYYY)	Relationship (spouse, child, etc)	% of Benefit (Total to 100%)

## Contingent Beneficiaries (Payable in the event all Primary beneficiaries die before you)

Name	City & State of Current Residence	Social Security # (Optional)	Birth Date (MM/DD/YYYY)	Relationship	% of Benefit (Total to 100%)

I AUTHORIZE Guardian and/or the plan administrator to record and consider the individuals/instructions that I have named on this form as beneficiaries for benefits under the applicable group benefits plan.

Signature:

Dated:

**Note:** If you live in Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington, or Wisconsin; you have a spouse, and you want to name someone other than your spouse as the beneficiary, you should complete a special beneficiary form that includes a section for your Spouse to sign and waive his/her right to the proceeds under your state's applicable community property laws. Please contact us for the correct beneficiary form.

**Please sign and date this completed form, keep a copy for your records, and submit:**

**By email:** Scan/email to [FSIPlan@gotodsi.com](mailto:FSIPlan@gotodsi.com) and type "Beneficiary Form" in the subject line

-OR-

**By Secure Fax:** Fax to 888.828.4495