

**State of West Virginia Public Employee Insurance Agency
Change In Beneficiary Form**

CIB

Complete this form to Change the distribution of your life insurance.

Employee	Full Legal Name (Last) (First) (MI) (Generation: Jr., Sr., etc.)	Social Security Number
	Mailing Address County of Residence	Home Telephone ()
	City State Zip	Work Telephone ()
	Physical Address	Sex (Circle one) M F
	City State Zip	Date of Birth (mm/dd/yy)

If more than one Beneficiary is named, you may divide the death benefit by noting what percentage is to be paid to each beneficiary in the 'Distribution %' box. If no percentage is noted, the death benefit will be paid in equal shares to the named beneficiaries who survive the employee. If unequal percentages are assigned to the beneficiaries, the share of any beneficiary who predeceases the employee will be distributed equally among all surviving name beneficiaries. If no such beneficiary survives, the payment will be made in accordance with the terms of the policy.

Basic Life Beneficiary	Legal Name (Last, First, MI, Generation)	Address (if different from above)	Social Security Number	Distribution %

Optional Life Beneficiary	Legal Name (Last, First, MI, Generation)	Address (if different from above)	Social Security Number	Distribution %

Signatures	I wish to make the changes marked above. I understand that I may, at a future date, choose to change the above beneficiary(s) in accordance with policy provisions.	
	Policyholder's Signature:	Date:
	Witness' Signature:	Date:

The Witness must be a person other than a Beneficiary.