



# Designation of Beneficiary

**MERIT**  
RESOURCES, INC.

Basic Life Insurance       Supplemental Life Insurance

Please check the appropriate box(es) for your designation of beneficiary for the following plans:

Employee Name: \_\_\_\_\_ Effective Date of Change: \_\_\_\_\_

Social Security No.: \_\_\_\_\_ Worksite Employer: \_\_\_\_\_

Pursuant to the provisions of the Plan permitting the designation of a beneficiary or beneficiaries by a participant, I hereby designate the following person or persons as primary and secondary beneficiaries of my Accrued Benefit under the Plan payable by reason of my death:

### Primary Beneficiary(ies)

Full Name	Address	Soc. Sec. #	Relationship	% of Benefit

### Contingent Beneficiary(ies)

Full Name	Address	Soc. Sec. #	Relationship	% of Benefit

- I RESERVE THE RIGHT TO REVOKE OR CHANGE ANY BENEFICIARY DESIGNATION. I HEREBY REVOKE ALL PRIOR DESIGNATIONS (IF ANY) OF PRIMARY BENEFICIARIES AND CONTINGENT BENEFICIARIES
- Benefits are only payable to a contingent beneficiary if you are not survived by one or more primary beneficiary(ies).
- If a minor (a person not of legal age), or your estate, is the Beneficiary, it may be necessary to have a guardian or a legal representative appointed by the court before any death benefit can be paid. If the Beneficiary is a trust or a trustee, the written trust must be identified in the Beneficiary designation. For example, "Dorothy Q. Smith, Trustee under the trust agreement dated \_\_\_\_\_."
- A power of attorney must grant specific authority, by the terms of the document or applicable law, to make or change a Beneficiary designation. If you have any questions, consult your legal advisor.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date