



Designation of Beneficiary

Aetna Life Insurance Company

United Nations

- Only use this form to:
- a) Change your designated beneficiaries
 - b) Change the assigned benefit percentages
 - c) Update address information

Before executing this form refer to reverse side.

Group Contract Holder United Nations	Group Contract(s) Number(s) GL-14008 / GC -14008
--	--

Staff or Former Staff Member Name	Payroll Index Number or Retirement Pension Number
-----------------------------------	---

Home Address

For Completion by Active Staff Members

Organization	Duty Station	Office Address
--------------	--------------	----------------

Office Telephone Number	Office E-mail
-------------------------	---------------

Subject to the terms of the above numbered Group Contracts, I request that any benefit due by reason of my death be payable to the following beneficiary(ies). It is my understanding that this designation revokes all designations of beneficiary and all elections of optional methods of settlement previously made by me under said Contracts.

This Designation of Beneficiary is subject to all "Conditions" shown on page 2 of this form.

Staff Member Signature	Date
------------------------	------

Witness Signature	Printed Name of Witness
-------------------	-------------------------

Beneficiary Name and Address

Relationship	U.S. Social Security Number (where applicable)	Birthdate (day/month/year)	Percentage
--------------	--	----------------------------	------------

Beneficiary Name and Address	<input type="checkbox"/> Check if conditional (see page 2)
------------------------------	--

Relationship	U.S. Social Security Number (where applicable)	Birthdate (day/month/year)	Percentage
--------------	--	----------------------------	------------

Beneficiary Name and Address	<input type="checkbox"/> Check if conditional (see page 2)
------------------------------	--

Relationship	U.S. Social Security Number (where applicable)	Birthdate (day/month/year)	Percentage
--------------	--	----------------------------	------------

Beneficiary Name and Address <input type="checkbox"/> Check if conditional (see page 2)			
Relationship	U.S. Social Security Number (where applicable)	Birthdate (day/month/year)	Percentage

Beneficiary Name and Address <input type="checkbox"/> Check if conditional (see page 2)			
Relationship	U.S. Social Security Number (where applicable)	Birthdate (day/month/year)	Percentage

Beneficiary Name and Address <input type="checkbox"/> Check if conditional (see page 2)			
Relationship	U.S. Social Security Number (where applicable)	Birthdate (day/month/year)	Percentage

Conditions

- If more than one beneficiary is designated and no percentages are specified, benefit proceeds will be divided equally among the beneficiaries or, where applicable, among the beneficiaries designated as conditional.
- If any named beneficiary predeceases the insured, the life insurance proceeds which would have been payable to the deceased beneficiary are divided proportionally among the remaining beneficiaries.
- A conditional beneficiary is one to whom life insurance proceeds are paid only if all other beneficiaries not designated conditional predecease the insured.
- If all designated beneficiaries predecease the insured, the life insurance benefit is payable to the estate of the insured.
- If any beneficiary dies after the insured but before a claim is paid, the portion of proceeds due that beneficiary is payable to the estate of that beneficiary.
- If a trustee under a trust agreement is the designated beneficiary, Aetna Life Insurance Company is not obliged to inquire into the terms of the trust agreement and is not chargeable with knowledge of those terms. Payment of benefit to and receipt by the trustee fully discharges all liability of the Insurance Company.

Instructions

- Names by which a beneficiary is legally known should be given.
- If a trustee is the designated beneficiary, include name, address and the date of the trust agreement.
For example: The John J. Smith Revocable Life Insurance Trust with the Trust Company of Hartford, Connecticut, 456 Pearl Street, Hartford, CT 06110, USA, as Trustee under Trust Agreement Dated 1 January 1998.
- The signature of the insured must be witnessed by someone other than a designated beneficiary.
- Only dated forms are legally valid.

Any person who knowingly and with intent to defraud or deceive any insurance company, files a statement of claim containing any materially false, incomplete or misleading information is guilty of a crime.