



Irrevocable Designation of Beneficiary

Aetna Life Insurance Company

United Nations

Group Contract Holder United Nations	Group Contract(s) Number(s) GL-14008 / GC-14008
Name of Person Insured	US Social Security Number (where applicable)

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

If 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(s) fully discharges all liability of the Insurance Company. (Designation should include name, address, and date of the trust agreement. **For example:** The John J. Smith Life Insurance Trust with the Trust Company of Hartford, Connecticut; 456 Pearl Street, Hartford, CT 06110, USA, Trust Agreement dated 1 January 2002).

ANYTHING IN SAID GROUP CONTRACTS TO THE CONTRARY NOTWITHSTANDING, I hereby agree not to make any change in beneficiary(ies) under said Group Contracts during the lifetime of the beneficiary(ies) designated above, which will affect the interest of said beneficiary(ies) without the written consent of said beneficiary(ies).

Signature of Insured	Witness Signature
Date of Signature	Printed Name of Witness