



# GUARANTEE TRUST LIFE INSURANCE

## Beneficiary Designation

### Insured's Information\*

Full Name: \_\_\_\_\_

Policyholder: \_\_\_\_\_

Policy Number: \_\_\_\_\_

### Beneficiary Information

#### Primary Beneficiary

Full Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Relationship to Insured: \_\_\_\_\_

Percentage of Death Benefits: \_\_\_\_\_

#### Secondary Beneficiary

Full Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Relationship to Insured: \_\_\_\_\_

Percentage of Death Benefits: \_\_\_\_\_

Benefits payable for loss of life are payable to the first surviving classes of the covered person: spouse; child or children; mother or father; sisters or brothers; or estate *unless otherwise indicated above*. It is the responsibility of the covered person to contact the AGWM insurance specialist, [Amanda Rickman](#), to make changes to this beneficiary designation form prior to insured travel.

*\*One form is required for each insured individual.*

Couples may wish to designate a secondary beneficiary in the event that the policy is required to pay on both individuals.

\_\_\_\_\_  
*Signature of Insured*

\_\_\_\_\_  
*Date*