

**Williams College  
Life Insurance Benefit Program  
Beneficiary Information Change Form**

**Employee**

**Name:** \_\_\_\_\_

**Social Security Number:** \_\_\_\_\_

It is important that your beneficiary designation be clear so that there will be no question as to your meaning. If you need assistance, contact the Benefits Office or your own legal counsel.

If you name more than one beneficiary with unequal shares, please show the amount of insurance to be paid to each beneficiary in fractional parts, for example: 1/3 to Mary Jones, Mother and 2/3 to Edith Jones, Wife. Please state the relationship of each beneficiary. If not related by blood or marriage, please indicate "Not Related".

**Change in Beneficiary**

Revoking hereby any previous designation which may be inconsistent herewith, I direct that the insurance proceeds payable under my Employer's Group Insurance Plan in the event of my death be paid as follows:

**BENEFICIARY(IES)**

**PRIMARY** \_\_\_\_\_

**RELATIONSHIP** \_\_\_\_\_

**CONTINGENT** \_\_\_\_\_

**RELATIONSHIP** \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_