

Beneficiary Designation Form

PLEASE PRINT CLEARLY

Date: _____

Employee Name: _____

Employee ID #: _____



LifeTime
DriveTime Benefits Package

Primary Beneficiary

Beneficiary Name: _____

Gender: Male Female

Social Security Number: _____

Relationship to Participant:

- Spouse Child Sibling Parent
 Grandparent Grandchild Aunt Uncle
 Nephew Niece Friend Other

Percentage (Primary percentages must total 100%): _____

Additional Primary Beneficiary (Optional)

Beneficiary Name: _____

Gender: Male Female

Social Security Number: _____

Relationship to Participant:

- Spouse Child Sibling Parent
 Grandparent Grandchild Aunt Uncle
 Nephew Niece Friend Other

Percentage (Primary percentages must total 100%): _____

Total Primary Beneficiary %

ALL Primary percentages must total 100%: _____

Secondary Beneficiary

Beneficiary Name: _____

Gender: Male Female

Social Security Number: _____

Relationship to Participant:

- Spouse Child Sibling Parent
 Grandparent Grandchild Aunt Uncle
 Nephew Niece Friend Other

Percentage (Secondary percentages must total 100%): _____

Additional Secondary Beneficiary (Optional)

Beneficiary Name: _____

Gender: Male Female

Social Security Number: _____

Relationship to Participant:

- Spouse Child Sibling Parent
 Grandparent Grandchild Aunt Uncle
 Nephew Niece Friend Other

Percentage (Secondary percentages must total 100%): _____

Total Secondary Beneficiary %

ALL Secondary percentages must total 100%: _____

PLEASE FAX THIS COMPLETED FORM TO 888-505-7130.

(You may use additional forms if you want to add more than two primary or secondary beneficiaries.)