



CONSTRUCTION

CHANGE OF BENEFICIARY FORM FOR LIFE INSURANCE

1 Employee Information

Print clearly

Name:

Last

First

Middle Initial

Home Address:

Street

City

State

Zip

PCL District:

Office Use Only: Effective Date: ___/___/___

Employee ID: _____

2 Beneficiary Information

Subject to my right to revoke this order at any time by written notice, I hereby designate the following person(s) as my life insurance beneficiary (complete both the Primary and the Contingent Beneficiary sections):

Primary Life Insurance Beneficiary Designation:

Table with 5 columns: First Name, Last Name, Relationship, Address, Percentage. Rows 1-4.

Total should add up to 100%

Contingent Life Insurance Beneficiary Designation: (Contingent beneficiary will only receive a benefit if there is no surviving primary beneficiary.)

Table with 5 columns: First Name, Last Name, Relationship, Address, Percentage. Rows 1-4.

Total should add up to 100%

3 Employee Signature

Employee Signature

Date