



Retiree Beneficiary Designation for Life Insurance

Change Beneficiary Designation – Revoking hereby any previous designation which may be inconsistent herewith, I direct that the insurance proceeds, payable under my Employer’s Group Life Insurance Plan in the event of my death, be paid as indicated below.

Your Name: _____	Your Social Security Number: _____
Name of Group Policyholder: Genesis Alkali	Name of Division / Plant: Retiree

BENEFICIARY DESIGNATION

It is important that your beneficiary designation be clear so that there will be no question as to your meaning. It is also important that you name a Primary and Secondary beneficiary. When naming your beneficiary(ies) please indicate their full name, relationship to you, social security number, address (if different than yours), date of birth and percent (%) share of insurance proceeds they will be entitled to receive. For clarification, see example designations at the bottom of this form.

PRIMARY BENEFICIARY(IES)

Beneficiary Name	Relationship	Social Security Number	Beneficiary Address	Date of Birth	% Share

SECONDARY BENEFICIARY(IES)

Beneficiary Name	Relationship	Social Security Number	Beneficiary Address	Date of Birth	% Share

If you wish, you may, at a future date, change the above beneficiary (ies) in accordance with the policy provisions. Unless you state otherwise, the benefit will be paid in equal shares to your surviving beneficiary(ies), if you have chosen more than one. If none of the beneficiaries are alive, payment will be made under the policy provisions.

