Beneficiary Designation/ Name & Address Change-457 and 401(a)

Overnight Mail Address:
Retirement Plan Service Center
Hartford Life Insurance Company
200 Hopmeadow Street
Simsbury, CT 06089

Mail Address:
Retirement Plan Service Center
Hartford Life Insurance Company
PO Box 1583
Hartford, CT 06144-1583

Group Number:	Social Security Number:	Employer:

Employee Name: *Last, First,M.I.*
☐ Name Change? Please provide documentation

Mailing Address:
☐ New?

City:	State:	Zip:

Home Phone:	Work Phone:	Ext:

BENEFICIARY INFORMATION

Please complete the Beneficiary Designation including name, Social Security number, relationship, and percentage of death benefit. The percent of benefit must total 100% for all primary beneficiaries named. If naming contingent beneficiary(ies) the total percentage for this designation must equal 100%. Married residents of community property states may want to seek legal advice if naming a non-spouse Primary Beneficiary.

Type of Beneficiary:		**Examples of Designations:**
One Beneficiary		Jane Doe, wife, 100%
Two or more Primary Beneficiaries, ***equally among the survivors***		John Doe, son, 33% Carol Smith, daughter, 33% Mark Doe, son 34% or equally among the survivors
Two or more Primary Beneficiaries, ***with their share to their children***		John Doe, son, 33% Carol Smith, daughter, 33% Mark Doe, son 34% per stirpes
Primary and Contingent Beneficiaries		Primary: Jane Doe, wife, 100% if living; Contingent: John Doe, son, 33% Carol Smith, daughter, 33% Mark Doe, son 34%
	either	equally among the survivors
	or	per stirpes
Participant's Estate		Participant's Estate
Trustee		Jane Doe, trustee under trust agreement* dated...

* *Date of the execution of the trust agreement or a copy of the trust agreement **must** be provided.*

Primary Beneficiary(ies)	Social Security Number	Relationship	%
		PRIMARY TOTAL:	**100%**

Contingent Beneficiary(ies)	Social Security Number	Relationship	%
		CONTINGENT TOTAL:	**100%**

The execution and the delivery of this form to the offices of Hartford Life revokes all prior beneficiary designations that I have made. I understand that this beneficiary designation will not take effect until it has been received in good order by Hartford LIfe.

Employee Signature _____ Date _____

Mail this Beneficiary Designation to Hartford Life at the address above. Keep a copy for your records.