

Retiree Basic Life Insurance

BENEFICIARY DESIGNATION FORM

Policy Holder/Employer: Marsh & McLennan Companies, Inc.
Basic Life Insurance: MetLife – Group #: 1098400

1. INSTRUCTIONS

- Complete and return this form to: Mercer, Attention: Marsh McLennan HR Services, P.O. Box 622, Des Moines, IA 50306 or fax to +1 866 694 7220.
- It is important that your beneficiary designation be clear so that there will be no question about your meaning. You may want to name a primary and contingent beneficiary. When naming your beneficiary(ies), complete all requested information.
- Unless otherwise indicated, payment will be made in equal shares to each of your primary beneficiaries who survive you or, if none, in equal shares to each of your contingent beneficiaries who survive you. If no beneficiary survives you, payment will be made under the terms of the plan.
- If more space is needed to name your beneficiaries, attach a separate sheet containing the required information.
- You must sign and date the authorization section of this form.
- Retain a copy of this completed form for your records.
- If you have any questions, please contact HR Services at +1 866 374 2662, any business day, from 8:00 a.m. to 8:00 p.m. Eastern time.

2. RETIREE/EMPLOYEE INFORMATION

NAME _____ SOCIAL SECURITY NUMBER _____ - _____ - _____

3. BASIC LIFE INSURANCE

PRIMARY BENEFICIARY(IES)

NAME	ADDRESS	SOC. SEC. #	RELATIONSHIP	BIRTH DATE	BENEFITS TO BE PAID
_____	_____	_____	_____	_____	____ In Equal Shares or ____%
_____	_____	_____	_____	_____	____ In Equal Shares or ____%
_____	_____	_____	_____	_____	____ In Equal Shares or ____%

____ NEW DESIGNATION & EFFECTIVE DATE ____/____/____ CHANGE IN DESIGNATION & EFFECTIVE DATE ____/____/____

CONTINGENT BENEFICIARY(IES)

NAME	ADDRESS	SOC. SEC. #	RELATIONSHIP	BIRTH DATE	BENEFITS TO BE PAID
_____	_____	_____	_____	_____	____ In Equal Shares or ____%
_____	_____	_____	_____	_____	____ In Equal Shares or ____%
_____	_____	_____	_____	_____	____ In Equal Shares or ____%

____ NEW DESIGNATION & EFFECTIVE DATE ____/____/____ CHANGE IN DESIGNATION & EFFECTIVE DATE ____/____/____

4. TRUSTEE or TRUST(EE) (Under Will) DESIGNATION

If you plan to have the insurance proceeds distributed through a Trust, you should complete this section with the appropriate information. Your trust(ee) will be held fully responsible for the application for and disposition of the insurance proceeds. This section should be used if you have a legally drawn inter vivos trust agreement or appropriate Trust(ee) is designed under your Last Will and Testament. If you complete this section, do NOT complete the primary or contingent beneficiaries in Section 3. An inter vivos trust is a trust established during the life of the trustor (the person who created the trust) for the benefit of the trustor or other living persons.

____ TRUSTEE DESIGNATION (applies only if a trust has been created in an executed trusted agreement)

NAME OF TRUSTEE(S): _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP CODE: _____

and successor(s) in trust, as Trustee, under _____ (Title of Agreement)

Dated _____ executed by me and said Trustee(s).

The insurance company(ies) shall not be responsible for the application of disposition of the proceeds by said and the receipt of the proceeds by said Trustee(s). Trustee(s) shall be full discharge of the liability of the insurance company(ies) under the Group Policy(ies). If this form executed by the insured, it is understood and agreed, however, that if the insurance company(ies) received proof satisfactory to it that the aforesaid trust has been revoked or is not in effect at the insured's death, the beneficiary shall be the insured's Estate and payment to the estate's legal representative based on such proof shall be full discharge of liability of MetLife under the Group Policy or certificate. If this form is executed by the current owner (who is not the insured), it is understood and agreed, however, that if the insurance company(ies) received proof satisfactory to it that the aforesaid trust has been revoked or is not in effect at the insured's death, the beneficiary shall be the current owner, if living at the insured's death, or the current owner's estate if the current owner is not living at the insured's death and payment to the estate's legal representative based on such proof shall be full discharge of liability of the insurance company(ies) under the Group Policy(ies) or certificate(s).

____ TRUST(EE) (Under Will) Designation (applies only if a trust has been set forth in your Will)

The trust(ee) under any Last Will and Testament of mine as shall be admitted to probate. If for any reason whatsoever, no Trust(ee) under any such Last Will and Testament shall be duly appointed, I hereby designate my estate as beneficiary and any payment made in good faith to the legal representative of my estate shall be full discharge of the liability of the insurance company(ies) under the Group Policy(ies).

5. AUTHORIZATION

I hereby make the designation(s) specified in this form and revoke any previous designation(s), if any, made under the plan(s). I direct that the insurance proceeds, which may be payable under my employer's Group Insurance Plan(s), in the event of my death or accidental injury, be paid as indicated. If I have named more than one beneficiary and at least one but not all predeceases me or fails to qualify legally as my beneficiary(ies), then the remaining proceeds shall be divided among the remaining beneficiary(ies) proportionately. If none of the beneficiaries indicated in this designation survives me or legally qualifies as my beneficiary, I designate my executors or administrators as beneficiary(ies). I reserve the right to change the designated beneficiary(ies) at any time without (his/her) consent.

RETIREE/EMPLOYEE SIGNATURE _____

DATE ____/____/____

5. COMMON BENEFICIARY DESIGNATION EXAMPLES

One Beneficiary: Mary J. Doe, Wife (not Mrs. John Doe)

Two Beneficiaries: Mary J. Doe, Wife, if living, otherwise to Joseph W. Doe, Son

One Primary & One Contingent Beneficiary: Mary J. Doe, Wife, if living, otherwise to Joseph W. Doe, Son and Jane Doe, Daughter, in equal shares, if they are living; otherwise, to whichever of them survives me.

Estate: Estate of the Insured

Trust: ABC Bank & Trust Company, Trustee or Successor in Trust under (insert Trust's Name) established (insert Date of Trust Agreement)

Children: Provided that if any of my children predeceases me, the surviving children of any such child shall receive, in equal portions, the share their parent would have received, if living.

Or

If no child of a deceased child survives, the share of that child of mine shall go to the survivor or survivors of my children, equally.

Minor Children: John J. Doe, Son, and Jane J. Doe, Daughter, equally, or to the survivor. However, if any proceeds become payable to a beneficiary who is a minor as defined under the insurance contract, such proceeds shall be paid to Frank Doe, as custodian for John Doe.

Notes:

If you name more than one beneficiary with unequal shares, please show the amount of insurance to be paid to each beneficiary in percentages. For example: 25% to Mary Jones, Mother; and 75% to Edith Jones, Wife.

If death occurs and a minor (a person not of legal age) or your estate is the beneficiary, it will be necessary to have a guardian or an administrator appointed before any death benefit can be paid. This means court expenses for the beneficiary and delay in the payment of the insurance proceeds. Take this into consideration when naming your beneficiary.