Dearborn National®

BENEFICIARY DESIGNATION FORM

Group Term Life (GTL) and Accidental Death and Dismemberment (AD&D)
The University of Texas System ■ GFZ71778

INSTRUCTIONS (PLEASE PRINT, SIGN AND DATE THIS FORM IN BLACK INK)

Employee/Retired Employee Name	SSN or Benefits ID No.	Date of Birth	Home Telephone Number

Home Address	City	State	Zip

Indicate below which University of Texas System institution (U.T. Institution) you are with as an Employee or a Retired Employee

❑ U.T. Arlington	❑ U.T. El Paso	❑ U.T. Tyler	❑ U.T. M.D. Anderson Cancer Center Houston
❑ U.T. Austin	❑ U.T. Pan American	❑ U.T. HSC Tyler	❑ U.T. Medical Branch Galveston
❑ U.T. Brownsville	❑ U.T. Permian Basin	❑ U.T. HSC Houston	☑ U.T. Southwestern Medical Center Dallas
❑ U.T. Dallas	❑ U.T. San Antonio	❑ U.T. HSC San Antonio	❑ U.T. System Administration Austin

DEFINITIONS & STATEMENTS

Primary Beneficiary means the person or persons who will receive the benefits in the event of the Insured's death. Proceeds will be divided in equal shares if multiple primary beneficiaries are named, unless otherwise indicated. If percentages are listed, the total of the combination must equal 100%.

Contingent Beneficiary means the person or persons who will receive the benefits if the primary beneficiary is not living at the time of the Insured's death.

Will or Trust as Beneficiary Designation can be done by using the following written statement: "*To [name of trustee], trustee of the [name of trust], under a trust agreement dated [date of trust].*" If you wish to designate a testamentary trust as beneficiary (i.e. created by will), you should recognize the possibility that your will which was intended to create a trust may not be admitted to probate (because it is lost, contested or suspended by a later will). Claim payment delays can result if the beneficiary designation does not provide for this situation. **

Minors as Beneficiary Designation can be done by using this document. However, please note if your beneficiary is a minor at the time of claim, payments may be delayed due to special issues raised by these designations. **

Dependent Beneficiary – In the event a dependent dies, the employee is the beneficiary of their life insurance proceeds.

**You may want to obtain the assistance of an attorney to help consider any special circumstances before drafting your beneficiary designation.

BENEFICIARY DESIGNATION FOR ALL EMPLOYEE/RETIRED EMPLOYEE LIFE BENEFITS (GTL and AD&D)

Primary Beneficiary	Birth Date	Relationship	Social Security #	Address	%
Contingent Beneficiary	**Birth Date**	**Relationship**	**Social Security #**	**Address**	**%**

The Fort Dearborn Life Insurance Company (FDL) provides this form, which asks that you provide your Social Security number. As required by FDL, Employees/Retired Employees of The University of Texas System must submit this completed form with Social Security numbers to FDL through their local U.T. Institution Benefits Office. Further disclosure of your Social Security number by FDL and The University of Texas System is governed by the Public Information Act (Chapter 552 of the Texas Government Code) and other applicable law.

Employee/Retired Employee Signature_____ **Date**_____

Important Note For Married Employees: If you reside in AZ, CA, ID, LA, NV, NM, TX, WA or WI, and you name someone other than your spouse as primary beneficiary, your spouse's consent will be necessary to allow your spouse to waive his or her rights to any community property interest in the benefits. We have provided a space below for your spouse's signature. Payment of benefit may be delayed or disputed unless your spouse signs.

Spousal Consent for Community Property States Only: I hereby consent to the Primary Beneficiary designated by my spouse and understand that this consent supersedes any prior spousal consent under this plan.

Spouse Signature _____ **Date** _____ ❑ Employee has no legal spouse

Return this completed form to: Dearborn National - Beneficiary Processing Center - 1020 31st Street - Downers Grove, IL 60515-5591 - Ph 866-628-2606 - Fax 877-361-7661

Products and services marketed under the Dearborn National® brand and the star logo are underwritten and/or provided by Fort Dearborn Life Insurance Company® (Downers Grove, IL) in all states (excluding New York), the District of Columbia, the United States Virgin Islands, the British Virgin Islands, Guam and Puerto Rico.