

Standard Insurance Company

National Accounts - CSU Team
900 SW Fifth Avenue Portland OR 97204

The California State University Beneficiary Designation/Change

Please type or print clearly with a ball-point pen. **You must sign and date for the form to be valid.** This beneficiary designation cancels all prior designations. Upon completion, please mail to The Standard. To complete the designation or change online, please visit our account by logging-in at www.standard.com/mybenefits/csu.

Designations made below, or on a separate sheet of paper, are not valid unless signed, dated, and delivered to The Standard during your lifetime.

MEMBER/EMPLOYEE INFORMATION

Your Name (Last, First, Middle)		Date of Birth	
Your Address			
City		State	Zip
Group Name The California State University		Campus	
This Designation applies to all enrolled coverages below, unless specified otherwise here.* • Employer-paid Life and AD&D (603267) • Voluntary Life (101770) • Voluntary Accidental Death & Dismemberment (648371) <i>*Designations differing by line of coverage can be listed on a separate sheet of paper with a signature and date.</i>			

BENEFICIARY INFORMATION

• This designation revokes all prior designations. • Benefits are payable to a contingent Beneficiary only if you are not survived by one or more primary Beneficiaries. • If you name two or more Beneficiaries in a class (primary or contingent), two or more surviving Beneficiaries will share equally, unless you provide for unequal shares. • If you complete the “% of Benefit” box(es), the total should add up to 100% for each class (primary or contingent). For example, “Primary - John Q. Doe, 60%; Jane Q. Doe, 40%.” • If a minor (a person not of legal age) or your estate is the Beneficiary, it may be necessary to have a guardian or a legal representative appointed by the court before any death benefit can be paid. If the Beneficiary is a trust or trustee, the written trust must be identified in the Beneficiary designation including the incorporation date. • A power of attorney must grant specific authority, by the terms of the document or applicable law, to make or change a Beneficiary designation. If you have questions, consult your legal advisor. • Voluntary Dependent Insurance, if any, is payable to you if living, or as provided under your Employer’s coverage under the Group policy #101770 and #648371.						
Primary – Full Name	Address	Birth Date	Phone No.	Soc. Sec. No. <i>if known</i>	Relationship	% of Benefit <i>Total must equal 100%</i>
Contingent – Full Name	Address	Birth Date	Phone No.	Soc. Sec. No. <i>if known</i>	Relationship	% of Benefit <i>Total must equal 100%</i>

Signature of Member/Employee

Date