



**BENEFICIARY DESIGNATION**



HARTFORD LIFE AND ACCIDENT INSURANCE COMPANY

HARTFORD LIFE INSURANCE COMPANY

HARTFORD FIRE INSURANCE COMPANY

Policyholder: **LEE COUNTY SHERIFF'S OFFICE**

Policy Number: **ETB110380**

Insured Person's Name \_\_\_\_\_

Death Benefits to be paid to beneficiary named below. State relationship

And the right to change the beneficiary(ies) without the consent is reserved.

Signature of Insured Person \_\_\_\_\_ Date \_\_\_\_\_

**NAMING THE BENEFICIARY**

It is important that your beneficiary designation be clear so that there will be no question as to your meaning. If you need assistance, contact your company representative.

The following are the most common designations:

Mary J. Doe, Wife (NOT Mrs. John Doe)

Mary J. Doe, Wife, if living, otherwise Joseph W. Doe, Son

Mary J. Doe, Wife, if living, otherwise to Jane Doe, Daughter, and Joseph W. Doe, Son, in equal shares or to the survivor.

Estate of Insured Person

If you name more than one beneficiary with unequal shares, please show the amount of insurance to be paid to each beneficiary in fractional parts; for example, "1/3 to Mary Jones, Mother, and 2/3 to Edith Jones, Wife"

Please state age and relationship of each beneficiary. If the beneficiary is not related to you either by blood or marriage, insert the words, "Not related", and state address of beneficiary.

The signature must be in ink. Do not erase. If corrections are necessary, line out the error and initial the correction.