



## LIFE AND ACCIDENT BENEFICIARY DESIGNATION FORM

### TEAMMATE INFORMATION

Name: \_\_\_\_\_ Alternate ID: \_\_\_\_\_

### BENEFICIARY DESIGNATION:

The person(s) you name below will receive your life insurance and accident insurance benefits that are payable at the time of your death. Any previous beneficiary designations are automatically revoked. Subject to certain limitations, you may change your beneficiary at any time.

#### A. Primary Beneficiaries

Benefits are first paid to the person(s) named here, if living. Share % total must equal 100%.

	Name	Address (include city, state and ZIP)	Relationship	Date of Birth	Share %
1.					
		Contact Phone:			
2.					
		Contact Phone:			
3.					
		Contact Phone:			

\* If no share % is listed, your benefits will be paid equally to the beneficiaries listed. In the event one of the designated beneficiaries is not living, your remaining primary beneficiaries will share equally in the portion of the death benefit payable to that primary beneficiary.

#### B. Contingent Beneficiaries

Benefits will be paid to the following person(s), if living, if none of the persons in A are living. Share % total must equal 100%.

	Name	Address (include city, state and ZIP)	Relationship	Date of Birth	Share %
1.					
		Contact Phone:			
2.					
		Contact Phone:			
3.					
		Contact Phone:			

### SIGNATURE:

My signature below indicates that I have read this form and the other information provided to me on the insurance plans offered by McLane Company, Inc. I certify to the best of my knowledge that the information I have provided is true and complete. The beneficiary designation(s) made above will remain in effect until I change them. I authorize McLane to pay the company life benefit to the beneficiary(ies) I have named above.

\_\_\_\_\_  
TEAMMATE'S SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
LOCATION

\_\_\_\_\_  
RECEIVED BY

\_\_\_\_\_  
DATE

\_\_\_\_\_  
TITLE

*Please keep a copy of this form with your important records at home and return this original form to your local HR Department.*

Updated: 1/23/2015