

# South Georgia Medical Center

## Beneficiary Designation

EMPLOYEE ## \_\_\_\_\_

I, \_\_\_\_\_, a participant in the below selected South Georgia Medical Center benefit plan, hereby authorize and direct the Trustee, in the event of my death to pay death benefit which may be unpaid and due under the provisions of said Plan to:

**Primary Beneficiary:**

Name	Relationship	D.O.B.	Share _____ %
Name	Relationship	D.O.B.	Share _____ %
Name	Relationship	D.O.B.	Share _____ %

**If then living; otherwise to Contingent Beneficiary:**

Name	Relationship	D.O.B.	Share _____ %
Name	Relationship	D.O.B.	Share _____ %
Name	Relationship	D.O.B.	Share _____ %

If then living; otherwise to my estate.

<b>Fidelity (401K)</b>	<b>Fidelity (457b)</b>	<b>SGMC Ret. Plan</b>
<b>Supplemental Life</b>	<input checked="" type="checkbox"/> <b>Basic Life</b>	

I hereby reserve the right to revoke the foregoing designation of beneficiary and to designate another beneficiary or their beneficiaries at any time hereafter in accordance with the terms and provisions of the selected Plan(s) adopted by my employer and as subsequently amended. Every designation of beneficiary, which I heretofore have made, is hereby revoked.

I hereby further authorize the Trustee to pay any amount which may become payable to a minor hereunder, to any of the following persons as elected and directed by the Trustee: (a) Direct to such minor, (b) To the guardian of his person or estate, (c) To either or both of his natural parents, or (d) To any person with whom he may be living as a member of the family or who has custody of such minor either in law or in fact; and upon making payment as so directed the Trustee shall be released from all other and further liability for the amount so paid.

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Printed Name of Participant

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness