

Greater Georgia Life – Group Life & Disability

Section 1 – Employer

Burke County Board of Commissioners

P.O. Box 89

Waynesboro, Ga 30830

Group Number – GA2782

Section II – Notice of Beneficiary

Employee Name _____

I nominate the following beneficiary(ies) with respect to all insurance now or hereafter provided under said policy, in still reserving to myself the privilege of other and further changes, subject to the provisions of the policy.

Full Name	Address	Relationship	Age	Social Security No.
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_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

If more than one beneficiary is designated, settlement will be made in equal shares to such of the designated beneficiaries (or beneficiary) as survive me, unless otherwise provided herein. If no designated beneficiary survives me, settlement will be made as provided for in the policy.

Date _____ Employee Signature _____

Date _____ Witness Signature _____

**If additional space is needed for beneficiaries, please list at bottom or on back of page.