

**BENEFICIARY
DESIGNATION
FORM**

CIGNA Group Insurance
Life • Accident • Disability

Philadelphia, Pennsylvania



Certificate No. _____ issued on the life of _____
under Group Policy No. _____

Revoking any previous beneficiary named under the Certificate, referred to above,
I hereby designate the following:

If the insurance matures by death the proceeds then payable shall, subject to any
facility of payment provision which may apply, be payable to:

Beneficiary Name: _____

Relationship to Insured: _____

Beneficiary Address: _____

Name of Policyholder: _____

Date: _____ Signature of Insured
or Assignee if applicable: _____