Beneficiary Designation/ Name & Address Change-457 and 401(a)

Overnight Mail Address: Retirement Plan Service Center Hartford Life Insurance Company 200 Hopmeadow Street Simsbury, CT 06089

Mail Address: Retirement Plan Service Center Hartford Life Insurance Company PO Box 1583 Hartford, CT 06144-1583



Employee Name: Last, First, Name Change? Please prov Mailing Address: New?						
Mailing Address:	vide documentation					
City:		State:			Zip:	
Home Phone:		Work Phone:		Ext:		
BENEFICIARY INFORMAT Please complete the Benefic The percent of benefit must for this designation must equ spouse Primary Beneficiary. Type of Beneficiary: One Beneficiary Two or more Primary Beneficiary The or more Primar	ciary Designation including total 100% for all primary ual 100%. Married resident aries, wors	beneficiaries nam	Examples of Jane Doe, wife John Doe, sor Carol Smith, d Mark Doe, sor or equally a John Doe, sor Carol Smith, d Mark Doe, sor Carol Smith, d Mark Doe, sor Carol Smith, d Mark Doe, sor per stirpes	tingent beneficiary by want to seek legantions: e, 100% n, 33% laughter, 33% n 34% among the survivors n, 33% laughter, 33%	(ies) the total al advice if na	percentage
Primary and Contingent Benef Participant's Estate Trustee	inciaries	either or	Contingent: Jo Carol Smith, d Mark Doe, sor equally ar per stirpe Participant's E Jane Doe, trus	ohn Doe, son, 33% laughter, 33% a 34% mong the survivors s	iving,	
* Date of the execution of the	trust agreement or a copy					
Primary Beneficiary(ies)		Social Sec	curity Number	Relationship		%
				PRI	MARY TOTAL:	100%
Contingent Beneficiary(ies)		Social Security Number		Relationship		%
				CONTI	NGENT TOTAL:	100%
The execution and the delive understand that this benefici	•		-	peneficiary designa	itions that I ha	
Employee Signature	iciary Designation to H		Date		_	