



Beneficiary Designation Form Instructions

Group Life Insurance Plan

Please read the instructions below to complete the attached form properly. If you have any questions about making a beneficiary designation, call the Altria Group Benefits Center at 1-800-872-3777.

When You Must Complete this Form

1. As a newly hired employee, when you first become eligible for the plan.
2. **Any time** you want to make a change to your beneficiary.
3. When required by your employer as part of a company-wide solicitation of beneficiary information.

Who You May Name as Your Beneficiary

You may name one or any number of people as primary and/or contingent beneficiaries.

Beneficiary Guidelines

- A **primary beneficiary** is a person named by you, the participant, to receive payment of benefits provided under the Group Life Insurance Plan in the event of your death.
- A **contingent beneficiary** is an alternate beneficiary named by you, the participant, to receive benefits under the Group Life Insurance Plan in the event that all named primary beneficiaries die before you. If no primary beneficiary survives you and no contingent beneficiary is named, payment will be made in accordance with the terms of the plan.
- If you elect to name a minor child as your beneficiary, a legal guardian must be appointed by the court to hold and manage the money until the beneficiary reaches the “age of majority” (which is typically age 18 or 21, depending on state law). An alternative to consider is appointing a trust as beneficiary. The trustee of the trust would receive the proceeds and be able to parcel out the proceeds as appropriate. A second alternative is to name an irrevocable custodian who has authority over the death benefit until the child reaches the age of majority.
- For specific legal implications regarding beneficiary designations, contact your attorney.

How to Complete this Form

1. **About You** - Complete all applicable information.
2. **Beneficiary Information**
 - a) All beneficiary designations must be **typed or legibly written in ink**.
 - b) The beneficiary section should never contain corrections or crossed-out words. If you make a mistake, complete a new form.
 - c) The beneficiary designation should be specific. It should not include wording such as “either/or” or “and/or.”
 - d) **Naming a primary or contingent beneficiary:** Be sure to include the beneficiary’s full name, relationship to you, Social Security Number, address, date of birth, and sex. If the beneficiary is not related to you, the relationship to you should be “non-relative.”

If more than one beneficiary is named, you must indicate the percentage of the benefit payable to each beneficiary. **These percentages must total 100%.**

Instructions continued on back

- e) **Naming a trust:** You must provide:
- The trust’s name, address, and Tax I.D. number
 - The date of the trust
 - The trustee’s name
- f) **Naming an estate:** You may name your estate as your beneficiary by completing the form with the words, “My Estate.” If so, the executor of your will or administrator of your estate would be required to provide letters of appointment issued by the court when a claim is filed. Please consult your attorney if you are considering naming your estate as beneficiary.

Sample Beneficiary Designation Wording

If your beneficiary designations do not fit within the space provided on the form, write the appropriate designation on a separate signed and dated sheet of paper and staple it to the form.

One Beneficiary	NAME (Last, First, Middle Initial)	Relationship to You	Social Security/Tax ID Number		100%
	Doe, John H.	Husband	111-22-3333		
	Address		Date of Birth	Sex	
			01/06/54	M	
					Total 100%
Two Beneficiaries in Unequal Shares	NAME (Last, First, Middle Initial)	Relationship to You	Social Security/Tax ID Number		75%
	Doe, Ann J.	Sister	333-44-5555		
	Address		Date of Birth	Sex	
			04/22/60	F	
	NAME (Last, First, Middle Initial)	Relationship to You	Social Security/Tax ID Number		25%
	Doe, Mike F.	Brother	444-55-6666		
Address		Date of Birth	Sex		
		05/15/58	M		
					Total 100%
Trustee	NAME (Last, First, Middle Initial)	Relationship to You	Social Security/Tax ID Number		100%
	Doe, John - trustee under trust agreement Jane Doe	NA	03-177147		
	Address		Date of Birth	Sex	
	Revocable Trust, 212 Prospect Street, Pasadena, CA 91234, dated January 1, 1990.				
					Total 100%

3. **Your Signature**
Without your signature and the date, the Beneficiary Designation Form will be invalid
4. **Make a copy of the form for your files and return the original in the enclosed envelope to:**

**Altria Group Benefits Center
P.O. Box 5000
Cincinnati, OH 45273-8023**

If you do not use the enclosed envelope, please mail to:

**Altria Group Benefits Center
P.O. Box 770003
Cincinnati, OH 45277-0071**

3. Your Signature

I designate the above-named person(s) as my primary and/or contingent beneficiary(ies) to the Group Life and Business Travel Accident Insurance Plans. I understand if any one of my primary beneficiaries is not living when the benefit is paid, the amount will be divided equally among any remaining primary beneficiaries. I also understand no amount will be paid to a contingent beneficiary as long as any of my primary beneficiaries are living. I reserve the right to revoke this designation at any time by submitting a new Beneficiary Designation Form. Information provided here will replace all previous beneficiary designations made.

Your Signature _____ Date _____

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