

# BENEFICIARY DESIGNATION FORM

**CIGNA Group Insurance**  
Life • Accident • Disability

Philadelphia, Pennsylvania



Certificate No. \_\_\_\_\_ issued on the life of \_\_\_\_\_  
Under Group Policy No. ABL-\_\_\_\_\_.

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

Beneficiary Address: \_\_\_\_\_

Name of Policyholder: \_\_\_\_\_

Date: \_\_\_\_\_ Signature of Insured or Assignee if Applicable \_\_\_\_\_