

**Farm Credit Foundations
MetLife Beneficiary Designation Form
Business Travel Accident Insurance**

Last Name	First Name	M.I.	SSN
Street	City	State	Zip
Current Email Address:			

Instructions: Complete this form to designate a beneficiary(ies) for your Business Travel Accident insurance benefits. Please include the date of birth (DOB) and social security number (SSN) of each beneficiary to ensure proper identification.

Business Travel Accident

(For sample wording, see following page)

Name & Social Security Number	Relationship	Date of birth	Percentage

I understand that benefits payable under these plans are subject to the terms and conditions in the policies, plans, and contracts issued to and administered by Farm Credit Foundations. Each designation made above shall supersede any previous designation of beneficiaries under the same plan.

Signature:	Date:
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Return completed form to:

Farm Credit Foundations
30 E 7th Street, Suite 3000
St. Paul, MN 55101

Sample Beneficiary Designations: Questions about the appropriateness of a designation for your situation should be referred to your personal attorney.

A. PROPOSED BENEFICIARY	B. SAMPLE WORDING
1. Estate	1. My Estate.
2. One primary beneficiary and one or more contingent beneficiaries	2. Primary: John A. Doe (DOB, SSN), spouse. Contingent: Alice G. Doe (DOB, SSN) and Charles B. Doe (DOB, SSN), children, equally or to the survivor.
3. Three or more beneficiaries, equally	3. Primary: John A. Doe (DOB, SSN), father, Mary I. Doe (DOB, SSN), mother, and Henry J. Doe (DOB, SSN), son, equally or to the survivors or survivor. Contingent: St. Paul Chapter American Red Cross.
4. Two beneficiaries and three or more contingent beneficiaries	4. Primary: John A. Doe (DOB, SSN), father, Mary I. Doe (DOB, SSN), mother, equally or to the survivor. Contingent: Henry J. Doe, Alice G. Doe and Charles B. Doe, children, equally, with a deceased child's share to his or her children by representation.
5. Three or more beneficiaries in equal shares (per stirpes)	5. Primary: Henry J. Doe (DOB, SSN), Alice G. Doe (DOB, SSN) and Charles B. Doe (DOB, SSN), Children, equally, with a deceased child's share to his or her children by representation. Contingent: My Estate
6. Trustee Agreement	6. Primary: Richard Doe or his successor, Trustee of the James Jones Revocable Trust, under agreement dated xx-xx-xx. Contingent: My Estate
7. Two beneficiaries in unequal portions	7. Primary: Three-quarters (3/4) to Anna L. Doe (DOB, SSN), wife, and one-quarter (1/4) to John A. Doe (DOB, SSN), father, the share of a deceased beneficiary to be paid to the survivor. Contingent: My Estate.