LONG TERM DISABILITY
Beneficiary Update Form

Mail or fax completed form to: SAMBA, 11301 Old Georgetown Road, Rockville, MD 20852-2800 • (800) 638-6589 • Fax (301) 816-0191

Section 1 – Employee Information

Last Name	First Name	Middle Initial

Address			
Street	City	State	Zip

Email Address	Home Telephone	Daytime Telephone

Social Security No.	Date of Birth (Month / Day / Year)	Sex	Marital Status
	/ /	❑ Male ❑ Female	❑ Single ❑ Married ❑ Divorced ❑ Widowed

Section 2 – Beneficiary Designation for the Long Term Disability Plan

Please fill out this section so that it fully and accurately describes your request. List the full name, relationship to the employee, and date of birth of the beneficiary(ies). **If you are married, your spouse must be your beneficiary.** For the beneficiary designation to be valid, it must be delivered and recorded in the SAMBA office prior to the death of the employee.

Primary Beneficiary: The person designated to receive proceeds when they become due.

Contingent Beneficiary: (Also referred to as a secondary beneficiary.) An alternate beneficiary designated to receive proceeds if there is no eligible primary beneficiary.

PRIMARY BENEFICIARY(IES): IN EQUAL SHARES OR AS DESIGNATED BELOW

Full Name and Address	% of Proceeds	Relationship to Employee	Date of Birth
			/ /
			/ /
			/ /
TOTAL	100%		

as shall then be living, and if no such beneficiary is then living

CONTINGENT BENEFICIARY(IES): IN EQUAL SHARES OR AS DESIGNATED BELOW

Full Name and Address	% of Proceeds	Relationship to Employee	Date of Birth
			/ /
			/ /
			/ /
TOTAL	100%		

✓ Employee's Signature　　　　Date

Visit the SAMBA website at *www.SambaPlans.com*