

## BASIC LIFE GROUP INSURANCE PLAN BENEFICIARY DESIGNATION

Important: Please read the reverse side of this form before proceeding.

Please type or print in black ink.

Reason		☐ Initial Designation ☐ Change Prior Designation				
Part 1 Employee/LTD Participant Information	Name: (L	ast)	(First)	(M.I.) So	ocial Security Number:	
Part 2 Primary Beneficiary Designation	In the even beneficiary required, er attachment	In the event of my death, I hereby designate the below named individual(s) as my primary beneficiary(ies) to receive benefits under the Basic Life Insurance Plan. (If additional space is required, enter the additional beneficiary information on a separate sheet. Sign and date the attachment and staple it to this form.) Total percentage for Primary Beneficiary(ies) must equal 100% when added.				
Primary Beneficiary Name (last, first, middle initial) and Address		% of Death Proceeds	Social Security Number (Taxpayer I.D. Number)	Date of Birth	Relationship	
(Mast, 111st, 111date 111that) and 1 decress						
Beneficiary(ies) my coninform	ntingent benefication on a sepa	ent my primary beneficiary(ies) predecease me, I hereby designate the below named individual(s) as ngent beneficiary(ies). (If additional space is required, enter the additional contingent beneficiary ion on a separate sheet. Sign and date the attachment and staple it to this form.) Total percentage ingent Beneficiary(ies) must equal 100% when added.				
Contingent Beneficiary Name		% of Death	Social Security Number	D . CD: 4	D.1.1.11	
(last, first, middle .initial) and Address		Proceeds	(Taxpayer I.D. Number)	Date of Birth	Relationship	
1						
		e Signature		Date		
Part 4 Witness Signature and Date						
	Witness	Signature (M	lust not be beneficiary)		Date	
Resources Only						
	OxyLink	OxyLink Representative			Date	

## BENEFICIARY DESIGNATION FORM INSTRUCTIONS

Please type or use a black ink pen. (Pencil is not acceptable)
If you make a mistake in the Primary or Contingent sections of this form, please go online to 
www.Oxylink.oxy.com to print a new form or call OxyLink at 1-800-699-6903 to request a new form. (Forms with cross-outs and white-out can not be accepted.)

**Reason:** Check one box only.

- **Part 1** Employee/LTD Participant Information: Provide your full name (Last, First and Middle initial) and social security number.
- **Part 2 Beneficiary Designation**: You may change your beneficiary designation at any time. This designation form <u>will not be effective until received by OxyLink</u>. Once received and accepted, it will supersede all other Basic Life Group Insurance Plan designation forms previously received.
  - This designation will not affect your beneficiary designations for any other company-sponsored benefit plan.
  - Enter the given name of each beneficiary for example, Mary J. Jones, *not* Mrs. John Jones. Also enter each beneficiary's address, Social Security number and date of birth.
  - Enter your relationship to each beneficiary. If the beneficiary is not your spouse or a blood relative, enter "no relation."
  - If you designate more than one beneficiary, indicate the percentage of the distribution you wish each beneficiary to receive. Make sure the total of these percentages equal 100%. If no percentage is specified, the distribution will be paid in equal amounts to each surviving beneficiary.
  - Enter as many beneficiaries as you wish. If additional space is required, enter the additional beneficiary information on a separate sheet. Sign and date the attachment and staple it to this form.
  - If a minor (a person not of legal age) is named as a beneficiary, it may be necessary that a guardian be appointed by a court before payment can be made on behalf of such beneficiary.
  - If any of your primary beneficiaries predecease you and you do not complete and return a new beneficiary designation form, the percentage such beneficiaries would have received will be divided equally among your surviving primary beneficiaries.
  - If all designated primary beneficiaries predecease you, payment will be made to your contingent beneficiaries. If any of your contingent beneficiaries predecease you and you did not complete and return a new beneficiary designation form, the percentage such beneficiaries would have received will be divided equally among your surviving contingent beneficiaries.
  - If all of your contingent beneficiaries predecease you and you did not complete and return a new beneficiary designation form, or you choose not to name any contingent beneficiaries, payment will be made in accordance with plan provisions using the following pecking order:
    - Your surviving spouse
    - Your surviving children, equally
    - Your surviving parents, equally
    - Your surviving brothers and sisters, equally
    - Your estate
- **Part 3** Employee Signature and Date: You must sign, date and return your beneficiary form.
- **Part 4 Witness Signature and Date**: You <u>must</u> have a witness. <u>Witness cannot be a named beneficiary.</u> Return form to:

OxyLink Employee Service Center 4500 S 129<sup>th</sup> East Avenue Tulsa OK 74134-5801