

Nortel

Active Employee Group Term Life Insurance Beneficiary Designation Form

Instructions:

1. Please **Print** and complete all applicable sections of this form. **Incomplete forms will not be processed.**
2. Provide all beneficiary information as requested.
3. Sign and date this form.
4. Return this form to the address listed at the bottom of this page. **Original forms ONLY**; no faxes.
5. If you have questions, please call HR Shared Services at 1-800-676-4636.
6. **Please retain copies of this form** for your records and distribute copies to your beneficiaries.
7. If you would like to include additional beneficiaries, list the required information on the back of this form.

Employee's Name	Global ID
Social Security Number	Daytime Phone

PRIMARY BENEFICIARY(IES) You may designate one or more primary beneficiaries for the Group Term Life Insurance benefit. (Total Share % must add up to 100.)

Relationship	%	Name	Social Security #	Birth Date
1.				
2.				
3.				
4.				

ALTERNATE BENEFICIARY(IES) If one or more of the primary beneficiaries is not living at the time of your death, the payment that would otherwise be payable to the deceased primary beneficiary(ies) will be made as you choose below. (Total Share % must add up to 100.)

Please choose one:

- (a) To my estate;
 (b) To the surviving primary beneficiary(ies), named above, if any, divided equally;
 (c) To the alternate beneficiary(ies) named on the numbered lines below;

Relationship	%	Name	Social Security #	Birth Date
1.				
2.				
3.				
4.				

Employee Signature	Date
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Return *original* form to: HR Shared Services, Dept 7094, Mail Stop 570/02/0C2 or Nortel, HR Shared Services, Mail Stop 570/02/0C2, P.O. Box 13010, Research Triangle Park, NC 27709-3010.