



WASHINGTON GAS LIGHT COMPANY  
BASIC RETIREE GROUP TERM LIFE INSURANCE

Retiree Only

NAME: \_\_\_\_\_ EMP. NO. \_\_\_\_\_  
(Please Print)

In accordance with the conditions of the Group Policy, I hereby revoke any previous designation of beneficiary and contingent beneficiary and designate as beneficiary(ies),

1.

Name		Social Security No.	
Address			
Telephone ( )	Birth Date	Relationship	Percent

2.

Name		Social Security No.	
Address			
Telephone ( )	Birth Date	Relationship	Percent

If the said beneficiary predeceases me, I designate as contingent beneficiary(ies),

1.

Name		Social Security No.	
Address			
Telephone ( )	Birth Date	Relationship	Percent

2.

Name		Social Security No.	
Address			
Telephone ( )	Birth Date	Relationship	Percent

I reserve the right to change this designation at any time.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**PLEASE NOTE:**

Do not erase or attempt to make any corrections; use a new form.

If you wish to name multiple beneficiaries, the percent of insurance to be paid to each beneficiary should be shown in whole percentages **totaling 100%** (i.e., 5% 10% 15% 20% etc.).

If all your beneficiaries do not fit within this form, please add a separate page naming the additional beneficiaries and indicate on the first page see attached.

Benefits are not paid to minors until they reach “the age of majority” as determined by state law. However, benefits may be paid to a court appointed financial guardian on the minor’s behalf if appropriate court documentation is provided.

When the beneficiary is not related to you by blood or marriage, the “Relationship” should be shown as “Nonrelative”.

PLEASE RETURN COMPLETED FORM TO:

Overnight Mail (FedEx, UPS, DHL, etc.)

WGL Service Center  
2701 East Grauwylar Rd.  
Irving, TX 75061

Postal Mail (USPS)

WGL Service Center  
PO Box 660927  
Dallas, TX 75266-0927