



Life Insurance Beneficiary Form

(Revised 2/8/2016)

Note: The beneficiaries you name on this form will serve as your beneficiaries for Basic Group Term Life, Supplemental Life, Accidental Death & Dismemberment, Business Travel Accident, as well as for the AIG Voluntary Personal Accident Insurance Plan (closed grandfathered plan) and for the Boston Mutual Portable Term Life Plan (closed grandfathered plan). If you wish to have different beneficiaries for different plans, please make copies of this form and label each one at the top as to which plan it applies.

The date you indicate beside your signature will be deemed the effective date. Please complete this form, make a copy for your records, and mail to:

EMC Corporation
Benefits Department
171 South Street
Hopkinton, MA 01748

Employee Name: _____
(Last) (First) (Middle Initial)

Employee Social Security Number: _____

Primary Beneficiary Designation(s)

Full Name	Address	Relationship	% of Benefit
			100%

Secondary Beneficiary Designation(s)—in the event your primary beneficiary(ies) are no longer living at the time of your death.

Full Name	Address	Relationship	% of Benefit
			100%

Indicates this is a change of beneficiary only.

Employee Signature: _____ Date: _____