

## **Notice of Personal Information**

**The following notice is provided in accordance with Section 559.003(a) of the Texas Government Code:**

- 1. With few exceptions, you are entitled on your request to be informed about the information The University of Texas System Administration collects about you;**
- 2. Under Sections 552.021 and 552.023 of the Texas Government Code, you are entitled to receive and review the information; and**
- 3. Under Section 559.004 of the Texas Government Code, you are entitled to have The University of Texas System Administration correct information about you that is held by The University of Texas System Administration and that is incorrect, in accordance with the procedures set forth in The University of Texas System Business Procedures Memorandum 32, *Texas Public Information Act*.**

**The information that The University of Texas System Administration collects will be retained and maintained as required by Texas records retention laws (Section 441.180 et seq. of the Texas Government Code) and rules. Different types of information are kept for different periods of time.**



# FORT DEARBORN LIFE INSURANCE COMPANY BENEFICIARY DESIGNATION FORM

**Group Term Life (GTL) and Accidental Death and Dismemberment (AD&D)  
The University of Texas System  
GFZ71778**

**INSTRUCTIONS (PLEASE PRINT, SIGN AND DATE THIS FORM IN BLACK INK)**

<b>Employee/Retired Employee Name</b>	<b>Social Security Number</b>	<b>Date of Birth</b>	<b>Home Telephone Number</b>
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<b>Home Address</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
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**Indicate below which University of Texas System component you are affiliated with as a Employee or Retired Employee**

<input type="checkbox"/> U. T. Arlington	<input type="checkbox"/> U. T. El Paso	<input type="checkbox"/> U. T. Tyler	<input type="checkbox"/> U. T. M.D. Anderson Cancer Center Houston
<input type="checkbox"/> U. T. Austin	<input type="checkbox"/> U. T. Pan American	<input type="checkbox"/> U. T. HC Tyler	<input type="checkbox"/> U. T. Medical Branch Galveston
<input type="checkbox"/> U. T. Brownsville	<input type="checkbox"/> U. T. Permian Basin	<input type="checkbox"/> U. T. HSC Houston	<input type="checkbox"/> U. T. Southwestern Medical Center Dallas
<input type="checkbox"/> U. T. Dallas	<input type="checkbox"/> U. T. San Antonio	<input type="checkbox"/> U. T. HSC San Antonio	<input type="checkbox"/> U. T. System Administration Austin

**DEFINITIONS & STATEMENTS**

**Primary Beneficiary** means the person or persons who will receive the benefits in the event of the Insured's death. Proceeds will be divided in equal shares if multiple primary beneficiaries are named, unless otherwise indicated. If percentages are listed, the total of the combination must equal 100%.

**Contingent Beneficiary** means the person or persons who will receive the benefits if the primary beneficiary is not living at the time of the Insured's death.

**Will or Trust as Beneficiary Designation** can be done by using the following written statement: "To [name of trustee], trustee of the [name of trust], under a trust agreement dated [date of trust]." If you wish to designate a testamentary trust as beneficiary (i.e. created by will), you should recognize the possibility that your will which was intended to create a trust may not be admitted to probate (because it is lost, contested or suspended by a later will). Claim payment delays can result if the beneficiary designation does not provide for this situation.

**Minors as Beneficiary Designation** can be done by using this document. However, please note if your beneficiary is a minor at the time of claim, payments may be delayed due to special issues raised by these designations. You may want to obtain the assistance of an attorney to help consider any special circumstances before drafting your beneficiary designation.

**Dependent Beneficiary** – In the event a dependent dies, the employee is the beneficiary of their life insurance proceeds.

**BENEFICIARY DESIGNATION FOR ALL EMPLOYEE/RETIRED EMPLOYEE LIFE BENEFITS (GTL and AD&D)**

Primary Beneficiary	Birth Date	Relationship	Social Security #	Address	%
Contingent Beneficiary	Birth Date	Relationship	Social Security #	Address	%

The Fort Dearborn Life Insurance Company (FDL) provides this form, which asks that you provide your Social Security number. As required by FDL, Employees/Retired Employees of The University of Texas System must submit this completed form with Social Security numbers to FDL through their component Benefits Office. Further disclosure of your Social Security number by FDL and The University of Texas System is governed by the Public Information Act (Chapter 552 of the Texas Government Code) and other applicable law.

<b>Employee Signature:</b>	<b>Date:</b>
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**Return this completed form to your local component Benefit office.**