



# Buffets, Inc. Group #: 350001

## Crew Employee Beneficiary Designation Form

### Employee Information:

Employee Name (First, Middle Initial, Last) \_\_\_\_\_

Date of Birth \_\_\_\_\_

Employee Social Security Number \_\_\_\_\_

Store Number \_\_\_\_\_

Marital Status (check one):       Single       Married       Divorced       Widowed

I hereby designate the following person or persons as beneficiary(ies) to receive any death benefits under PAI Term Life Insurance plan of which I am enrolled. I understand that this designation automatically cancels any previous designations which I have made for the plan and that I may change this designation at any time.

### Primary Beneficiary(ies):

Name (First, Middle Initial, Last) \_\_\_\_\_

Relationship \_\_\_\_\_

% Share \_\_\_\_\_

Name (First, Middle Initial, Last) \_\_\_\_\_

Relationship \_\_\_\_\_

% Share \_\_\_\_\_

### Contingent Beneficiary(ies):

Name (First, Middle Initial, Last) \_\_\_\_\_

Relationship \_\_\_\_\_

% Share \_\_\_\_\_

Name (First, Middle Initial, Last) \_\_\_\_\_

Relationship \_\_\_\_\_

% Share \_\_\_\_\_

### Employee Signature:

Signature \_\_\_\_\_

Date \_\_\_\_\_

**General Instructions:** You should enter the first name, middle initial, last name, and relationship of the beneficiary to you.

You may designate more than two primary beneficiaries and/or more than two contingent beneficiaries. You could name, for example, one primary beneficiary and four contingent beneficiaries. If you need additional space to designate your beneficiaries, please complete an additional Beneficiary Designation Form which you must sign and date exactly the same as you sign and date the original Beneficiary Designation Form. Staple the additional Beneficiary Designation Form to your original Beneficiary Designation Form.

If there is more than one beneficiary of a particular class (primary or contingent), payment will be made in equal shares to those beneficiaries unless the specified proportions are clearly marked in the space marked "% Share". If you have completed an additional Beneficiary Designation Form and specified "% Share" proportions, the beneficiaries in each class (primary or contingent) on the original and additional Beneficiary Designation Forms must total 100%.

**Spouse's Consent:** If your legal residence is in a community property state and you name someone other than your spouse as either your primary or contingent beneficiary, you should obtain the written consent of your spouse. Without such written consent, there may be a delay in payment of benefits or payment may not be made in accordance with your designation. Community property states are Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington, and Wisconsin.

**Minors:** If a minor (a person not of legal age) is designated as beneficiary, it will be necessary in the event of the employee's death that a guardian be appointed before delivery of payment can be made to such beneficiary.

Please fill out this form completely and return directly to the address below:

**Planned Administrators, Inc.**  
**PO Box 6927**  
**Columbia, SC 29260**