



BENEFICIARY DESIGNATION/CHANGE FORM

Use this form to designate or change your beneficiary(ies) for the applicable Amtrak® Life Insurance and AD&D Plans. Information on whom you may designate as a beneficiary and other important information is provided on page 2 of this form. **NOTE: Form must be completed in ink; do not erase or attempt to make corrections, use a new form if you make a mistake. This form will not update dependent information or benefit changes. Additions, deletions and or changes to dependent information must be updated through the Amtrak Benefit Service Center.**
(Please print)

Employee Group (please check the employee group that applies to you)		Group Number - (for Insurance company information only) Aetna: Control # 622730 or Control # 701333
<input type="checkbox"/> Agreement covered	<input type="checkbox"/> Management	

1. EMPLOYEE INFORMATION (please print) **Amtrak Personnel Number:** _____

Last Name	First Name	MI	Social Security Number	Marital Status (check one)	<input type="checkbox"/> Married	<input type="checkbox"/> Widowed	Gender: <input type="checkbox"/> Male
					<input type="checkbox"/> Single	<input type="checkbox"/> Divorced	<input type="checkbox"/> Female
Address		City	State	Zip Code	Daytime Phone	Home Phone	Date of Birth
Date of Hire	Date of Retirement (if applicable)		<input type="checkbox"/> unless otherwise indicated below, this Beneficiary Designation/Change Form applies to ALL coverage offered under my employer's group plan.				
			<input type="checkbox"/> This Form applies only to my coverage.				

2. BENEFICIARY DESIGNATION: In accordance with the conditions of the Group Policy listed above, I hereby revoke any previous designations of primary beneficiary(ies) and contingent beneficiary(ies) and designate as my primary beneficiary(ies) and contingent beneficiary(ies) (if any) in the event of the insured's death, the following:

A. Primary Beneficiary(ies)

Full Name (Last, First, MI)	Relationship	Date of Birth and Soc Sec Number	Address (Street, City, State, Zip)	Share %
Payment will be made in equal shares or all to the survivor unless otherwise indicated.			Total of all above Shares	100%

In the event said primary beneficiary(ies) predecease(s) the insured, I designate as contingent beneficiary(ies).

B. Contingent Beneficiary(ies)

Full Name (Last, First, MI)	Relationship	Date of Birth and Soc Sec Number	Address (Street, City, State, Zip)	Share %
Payment will be made in equal shares or all to the survivor unless otherwise indicated.			Total of all above Shares	100%

If no beneficiary or contingent beneficiary designated shall be living following the insured's death, the amount payable by reason of the insured's death shall be payable as provided in the Group Policy.

3. TRUST DESIGNATION- COMPLETE IF A TRUST HAS BEEN NAMED AS A BENEFICIARY IN SECTION 2 (applies only if a trust has been created in an executed trust agreement)

Trustee's Name (First, MI, Last)	Address (include City, State, Zip Code)
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And successor(s) in trust, as Trustee(s) under _____ Dated _____
(Title of Agreement) (Date of Agreement)

As amended and executed by said Trustee and me.

If this form is executed by the insured, it is understood and agreed, however, that if the Insurance Company for this group benefit receives proof satisfactory to it that the aforesaid trust has been revoked or is not in effect at the insured's death, the beneficiary shall be the insured's Estate, and payment to the estate's legal representative based on such proof shall be full discharge of liability of the Insurance Company for this group benefit under the Group Policy or certificate.

4. Authorization/Signature I understand that I may change this designation at any time by submitting a new designation/change form to the Amtrak Benefits Service Center.

Participants Signature	Date Signed by Participant
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**Retain a copy for your records and submit ORIGINAL completed form to the
Amtrak Benefits Service Center PO Box 9183, Des Moines, IA 50306-9183**

*Agreement-Covered Employee Life Insurance and Accidental Death & Dismemberment, Management Employee Life Insurance, Management Spouse Life Insurance, Management Dependent Life Insurance, Management Employee Accidental Death & Dismemberment, and/or Management Family Accidental Death & Dismemberment.



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IMPORTANT INFORMATION:

Death benefits from the applicable Amtrak Life Insurance and AD&D Plans* are paid in the following order:

- To the primary beneficiary(ies);
- To the contingent beneficiary(ies), if none of the primary beneficiaries survive you; or
- To your estate, if no beneficiary(ies) survives you.

If you do not name a beneficiary, your death proceeds will be paid to your estate, unless otherwise provided in the Group Contract.

You may designate any of the following as a beneficiary;

- A. An individual. You must specifically name the individual, and the designation must include the individual's relationship to you, his or her date of birth or Social Security number, and complete address. If a beneficiary is a minor, you must name the beneficiary, not the guardian. If a beneficiary is a married woman, provide her full name (for example: Helen McDonald Smith, not Mrs. John Smith)
- B. An Executor. An executor may be designated by the title alone (for example: the executor named under my will).
- C. A corporate or unincorporated entity. The designation of such an entity, such as a charitable organization, must include the full name and address of the entity.
- D. A Trustee. A Trustee of a trust created under your will may be designated by title alone, but the will must be identified (for example: Trustee of the Trust created under Article II of my will). A Trustee of a trust created by an instrument other than your will must be designated by name and title (for example: Robert Smith, Trustee of the Trust created by me under indenture dated January 7, 1990; or First Trust Company of Anytown, New York; Trustee of the Trust created under indenture dated January 7, 1990, between John Doe and the First Trust Company of Anytown, New York). A Trustee who is designated as beneficiary must be duly named as Trustee under a written, dated, and duly executed instrument. Before designating a Trustee as beneficiary, you should consult your attorney.

If you designate multiple beneficiaries and any of them predecease you, the deceased beneficiary's designated benefit percentage will be divided equally among the remaining surviving beneficiaries.

If death occurs and a minor (a person not of legal age) or your estate is the beneficiary, it will be necessary to have a guardian or an administrator appointed before any death benefit can be paid. This means court expenses for the beneficiary and delay in payment of the insurance proceeds. Please take this into consideration

You may change this beneficiary designation at any time by submitting a new Beneficiary Designation/Change form to the Amtrak Benefits Service Center. The last Beneficiary Designation/Change form filed with the Amtrak Benefits Service Center record-keeper will remain in effect unless and until you submit a new one prior to your death.

If you have any questions or need assistance completing this form contact the:
Amtrak Benefit Service Center
1-800-481-4887

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