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LIFE INSURANCE NOTICE OF CHANGE OF BENEFICIARY

Name of 5 H W L U H H

Name of Employer: The University of Vermont Group Policy: 138236 '

Change my beneficiary under the current University of Vermont life insurance carrier to:

Name and Address	Relationship to Me
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Name and Address	Relationship to Me
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Payment to the children of a deceased beneficiary of mine. If a beneficiary predeceases me, the share of the benefits that would have been payable to that beneficiary if that beneficiary had survived me, is to be paid in equal lump sum payments to the beneficiary's child(ren) who survive(s) me. [This provision is applicable only if the preceding box () is checked.]

Unless otherwise instructed:

- a) payment at my death is to be made to a Beneficiary if he or she is then living and if there is not a Beneficiary in a prior class living;
- b) if a Class of Beneficiaries contains 4.006 (ary) 1.998 (enef)-8.00(f)-5 () (s) 5 () (a)]TJ y 51!D P € o i€ 9-

Unless otherwise defined:

CHILDREN: the children born of any and all marriages and any children legally adopted at any time.

ESTATE: my duly appointed Executors or Administrators.

5 H W L U H H Signature



Name and Address

Relationship to Me



Name and Address

Relationship to Me