

Group Policy No. 74091

Social Security No. _____

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) (if any) and designate as primary beneficiary(ies) and contingent beneficiary(ies) (if any) in the event of my death, the following:

Primary Beneficiary Designation

Full Name (Last, First, Middle Initial)	Relationship	Date of Birth	Address (Street, City, State, Zip)	Share %

Payment will be made in equal shares or all to the survivor unless otherwise indicated. TOTAL: 100%

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

Contingent Beneficiary Designation

Full Name (Last, First, Middle Initial)	Relationship	Date of Birth	Address (Street, City, State, Zip)	Share %

Payment will be made in equal shares or all to the survivor unless otherwise indicated. TOTAL: 100%

If no beneficiary or contingent beneficiary herein designated shall be living at the expiration of the above-specified period following my death, the amount payable by reason of my death shall be payable as provided in the Group Policy.

Optional Elections (please check box(es))

Unborn Child(ren)—Any Child(ren) d beneficiary), with me, who shall be th It is understood and agreed that all de Company (MetLife) in determining un other written evidence satisfactory to

Post-it* Fax Note 7671

To	Debbie Albertine	Date	6/10/53	# of pages	2
Co./Dept.		From	J Sadun		
Phone #		Co.			
Fax #	6412	Phone #	4987		
		Fax #			

I spouse (primary itan Life Insurance n proof by affidavit or hereon.

Common Disaster—The amount payable by reason of my death shall be paid to my primary beneficiary(ies), as applicable, only if such beneficiary(ies), is (are) living at the expiration of 24 hours following my death.

NOTE: See Reverse Side for Important Information

Trust(ee) Designation (applies only if a trust has been created in an executed trust agreement)

Name of Trustee(s) _____ Address _____ City _____ State _____ Zip Code _____

and successor(s) in trust, as Trustee(s) under _____ ("Title of Agreement")

Dated _____ executed by me and said Trustee(s).

MetLife shall not be responsible for the application or disposition of the proceeds by said Trustee(s), and the receipt of the proceeds by said Trustee(s) shall be full discharge of the liability of MetLife under the Group Policy.

It is understood and agreed, however, that if MetLife receives proof satisfactory to it that the aforesaid trust has been revoked or is not in effect at my death, the beneficiary shall be My Estate, and the payment to my legal representative based on such proof shall be full discharge of liability of MetLife under the Group Policy.

Trust(ee) (Under Will) Designation (applies only if a trust has been set forth in your Will)

The trust(ee) under any last Will and Testament of mine as shall be admitted to probate.

If for any reason whatsoever, no Trust(ee) under any such last Will and Testament shall be duly appointed, I hereby designate My Estate as beneficiary and any payment made in good faith to the legal representative of my estate shall be full discharge of the liability of MetLife under the Group Policy.

I reserve the right to change the designated beneficiary(ies) at any time without this/my/their consent

Information in this record was deleted in accordance with the Freedom of Information Act, exemptions 7C, FOIA 2000-0194

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TOTAL:

100%

Payment will be made in equal shares or all to the survivor unless otherwise indicated.

If no beneficiary or contingent beneficiary herein designated shall be living at the expiration of the above-specified period following my death, the amount payable by reason of my death shall be payable as provided in the Group Policy.

Optional Elections (please check box(es) if desired)

- Unborn Child(ren)**—Any Child(ren) designated as contingent beneficiary(ies) born of the marriage of my said spouse (primary beneficiary), with me, who shall be then living, in equal shares, or all to the survivor.
It is understood and agreed that all decisions upon questions of fact, which are made in good faith by Metropolitan Life Insurance Company (MetLife) in determining unnamed contingent beneficiaries hereby designated and which are based on proof by affidavit or other written evidence satisfactory to it, shall be conclusive and shall fully protect MetLife in acting in reliance thereon.
- Common Disaster**—The amount payable by reason of my death shall be paid to my primary beneficiary(ies), or contingent beneficiary(ies), as applicable, only if such beneficiary(ies), is (are) living at the expiration of 24 hours following my death.

OR
NOTE: See Reverse Side for Important Information

- Trust(ee) Designation** (applies only if a trust has been created in an executed trust agreement)

Name of Trustee(s) _____
 Address _____ City _____ State _____ Zip Code _____
 and successor(s) in trust, as Trustee(s) under _____ ("Title of Agreement")
 Dated _____ executed by me and said Trustee(s).

MetLife shall not be responsible for the application or disposition of the proceeds by said Trustee(s), and the receipt of the proceeds by said Trustee(s) shall be full discharge of the liability of MetLife under the Group Policy.

It is understood and agreed, however, that if MetLife receives proof satisfactory to it that the aforesaid trust has been revoked or is not in effect at my death, the beneficiary shall be My Estate, and the payment to my legal representative based on such proof shall be full discharge of liability of MetLife under the Group Policy.

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I reserve the right to change the designated beneficiary(ies) at any time without (his/her/their) consent.

(Please Print)

Name of Insured James N. Sartin

Address SACRAMENTO MUNICIPAL UTILITY DISTRICT

Branch or Plant _____

Signature of Insured or Owner (if assigned) [Signature]

Daytime Phone No _____

City _____ State _____ Zip Code _____
P O BOX 15830, SACRAMENTO CA 95852-1830

Location _____
Date Signed 12/29/97

Submit Completed Form To Employer and Retain Copy for Your Records

18000116206 (0494) Printed in U.S.A.

G. BENE-DES