



Delta Pilots Mutual Aid Beneficiary Designation Form

Name: _____ Address: _____ _____ E-Mail: _____	Employee Number: _____ Telephone Number: (____) _____
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Upon receipt by DPMA of proof of death, the net sum due shall be payable to the beneficiary(ies) designated below.

Primary Beneficiary(ies)			
Name and Address	Relationship to You	Date of Birth	Percentage <small>(Must equal 100%)</small>
Name: _____ Address: _____ _____			
Name: _____ Address: _____ _____			

Contingent Beneficiary(ies)			
Name and Address	Relationship to You	Date of Birth	Percentage <small>(Must equal 100%)</small>
Name: _____ Address: _____ _____			
Name: _____ Address: _____ _____			
Name: _____ Address: _____ _____			

Community Property State Consent for residents of AZ, CA, ID, LA, NV, NM, TX, WA, or WI. If you are married, live in a community property state, and name someone other than your spouse as beneficiary, you may have your spouse sign below to waive his or her rights to any community property interest in the benefit.

As the member's spouse, I do hereby consent to the beneficiary designation(s) indicated on this form and waive any rights that I may have to the proceeds of such benefit under applicable community property laws.

 Signature of Spouse _____
Date

Note: Under the terms of the Plan, a Member's designation of his or her spouse as beneficiary is automatically revoked upon legal divorce. If you want your former spouse to remain as your beneficiary after a divorce, you must complete and submit this form again after the divorce is final.

 Signature of Employee _____
Date