



# UBS Benefit Program Beneficiary Designation Form

Use this form to name the person(s) who should receive benefits if you die. Benefits are paid to your primary beneficiary; if this person dies before you or cannot be located, then benefits are paid to your contingent beneficiary. **Use a ballpoint pen and please print clearly.**

**Be sure to sign and date the form in the "Your Authorization" section. Return the form to the UBS Benefits Department. If you need more room to designate primary or contingent beneficiary(ies), please attach a separate sheet of paper and write the words "see attachment" in the applicable section.**

## About You

Name: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_  
Location: \_\_\_\_\_

## Your Beneficiary Designation

You must name a beneficiary for the Basic Life Insurance Plan, Basic Accidental Death and Dismemberment (AD&D) Insurance Plan, and Business Travel Accident Insurance Plan which are provided by UBS automatically at no cost to you. If you want to name the same beneficiary for all plans, complete the "Basic Life Insurance Plan" section. Then, for the other plans, check the box labeled "Same as Basic Life Insurance Plan."

If you want to name more than one primary or contingent beneficiary, leave the "Primary Beneficiary" and "Contingent Beneficiary" sections of the applicable plan blank and attach a separate sheet of paper indicating your designation and the amount or percentage each beneficiary should receive, and check the box below.

Beneficiary Designation Attached (this separate sheet must also be signed and dated.)

	Primary Beneficiary	Contingent Beneficiary
<b>Basic Life Insurance Plan</b> <i>(provided by UBS at no cost to you)</i>	Name: _____	Name: _____
	Address: _____	Address: _____
	_____	_____
	Social Security Number: _____	Social Security Number: _____
	Date of Birth: _____	Date of Birth: _____
	Relationship to You: _____	Relationship to You: _____
<b>Optional Life Insurance Plan</b>	Name: _____	Name: _____
	Address: _____	Address: _____
	_____	_____
	Social Security Number: _____	Social Security Number: _____
	Date of Birth: _____	Date of Birth: _____
	Relationship to You: _____	Relationship to You: _____
<b>Basic AD&amp;D Insurance Plan</b> <i>(provided by UBS at no cost to you)</i>	Name: _____	Name: _____
	Address: _____	Address: _____
	_____	_____
	Social Security Number: _____	Social Security Number: _____
	Date of Birth: _____	Date of Birth: _____
	Relationship to You: _____	Relationship to You: _____

Same as Basic Life Insurance Plan

Same as Basic Life Insurance Plan

	Primary Beneficiary	Contingent Beneficiary
<b>Supplemental AD&amp;D Insurance Plan</b> <input type="checkbox"/> Same as Basic Life Insurance Plan	Name: _____	Name: _____
	Address: _____	Address: _____
	_____	_____
	Social Security Number: _____	Social Security Number: _____
	Date of Birth: _____	Date of Birth: _____
	Relationship to You: _____	Relationship to You: _____
<b>Business Travel Accident Insurance Plan</b> <i>(provided by UBS at no cost to you)</i> <input type="checkbox"/> Same as Basic Life Insurance Plan	Name: _____	Name: _____
	Address: _____	Address: _____
	_____	_____
	Social Security Number: _____	Social Security Number: _____
	Date of Birth: _____	Date of Birth: _____
	Relationship to You: _____	Relationship to You: _____
<b>Long Term Disability</b> <input type="checkbox"/> Same as Basic Life Insurance Plan	Name: _____	Name: _____
	Address: _____	Address: _____
	_____	_____
	Social Security Number: _____	Social Security Number: _____
	Date of Birth: _____	Date of Birth: _____
	Relationship to You: _____	Relationship to You: _____

## UBS Retirement Program

**You must designate your beneficiaries for the UBS Pension Plan and UBS Savings and Investment Plan (SIP) online through the *Your Benefits Resources*™ Web site at [www.resources.hewitt.com/ubs](http://www.resources.hewitt.com/ubs).**

### Your Authorization

I understand that by signing and submitting this form, I am authorizing the beneficiary(ies) listed above to receive any benefits that may be payable upon my death.

This designation supercedes any previous beneficiary designation for the above plans. This beneficiary designation form is not valid unless you sign and date this form below.

Your Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Return to:** UBS AG—Interoffice Mail, Human Resources Department, STM-11-N, Attn: Benefits Department.

**OR**

UBS AG, Attn: Benefits Department, 11th Floor, 677 Washington Boulevard, Stamford, Connecticut 06901.