

Ireland Beneficiary Designation Form/Expression of Wish Form Level B and Level I-IV Employees



If you wish to remove any beneficiaries currently on file, please complete a new form. Any strike-throughs or similar alterations to the original form will deem it invalid.

In the event of my death, I wish the Trustees of the Enterprise Rent-A-Car to pay the Lump-Sum Death Benefit arising under the scheme to the beneficiary(ies) listed below. I understand that the Trustees will not be bound by this form and that it is only an expression of my wishes.

Primary Beneficiary Designation

Beneficiary Name/Name of Trust(ee) *	Address, City, Postal Code	Relationship	Birth Date	Gender (M or F)	% of Benefit

If you list multiple beneficiaries but fail to list the percent of benefit, payment may be made in equal shares or all to the survivor(s).

100%

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

Contingent Beneficiary Designation

Beneficiary Name/Name of Trust(ee) *	Address, City, Postal Code	Relationship	Birth Date	Gender (M or F)	% of Benefit

If you list multiple beneficiaries but fail to list the percent of benefit, payment may be made in equal shares or all to the survivor(s).

100%

If no primary 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 stated in the Group Policy.

Employee Signature: _____ Date: ____/____/____

Print Employee Name: _____ Employee Number: _____

Return this completed form to your Human Resources department.
Please keep a copy of this form for your records.

GENERAL BENEFICIARY INFORMATION

Basic Life

Complete this Beneficiary Designation Form/Expression of Wish Form to designate your primary and contingent beneficiaries for Basic Life. Return this completed form to your Human Resources department.

It is important that you review your beneficiary designation periodically to ensure that the beneficiary information you supplied is up to date. You may change or revoke your beneficiary designation at any time by completing a new Beneficiary Designation Form/Expression of Wish Form. The Beneficiary Designation Form/Expression of Wish Form is available at YouDrive.EnterpriseHoldings.com or from your Human Resources department.

You may find the following definitions helpful in completing your Beneficiary Designation Form/Expression of Wish Form.

Primary Beneficiary: Your primary beneficiary should be the individual(s) or organisation that you wish to receive the insurance proceeds. You may have the proceeds divided among several primary beneficiaries. To do this, you must indicate what percentage of the proceeds you would like them to receive. Your total shares must equal 100%.

Contingent Beneficiary: Your contingent beneficiary should be the individual(s) or organisation that you wish to receive the insurance proceeds if your primary beneficiary(ies) (see definition above) predecease(s) the insured. You may have the proceeds divided among several contingent beneficiaries. To do this, you must indicate what percentage of the proceeds you would like them to receive. Your total shares must equal 100%.