

# Beneficiary Change Form



**Instructions:**

Complete this form in ink, sign and return it to the Benefits Team at:

mail: PetSmart  
19601 N 27th Avenue  
Phoenix, AZ, 85027

-or-

fax: 1-800-738-9917  
or scan the form and email to:  
[benefits@petsmart.com](mailto:benefits@petsmart.com)

Use this form to indicate the full names and addresses of the beneficiaries you wish to name for your Life Insurance and Accidental Death and Dismemberment (AD&D) Insurance choices. Each beneficiary can be designated as *either* a Primary (P) or Secondary (S) and multiple beneficiaries can be named as long as the total designation for each category (primary/secondary) adds up to 100%. The Primary beneficiary(s) are the first to receive a benefit in the event of your death. If the named primary beneficiary dies before you, then the secondary beneficiary will receive the life insurance benefit. Applicable state insurance law and plan policy will also be applied if required.

**Part 1** Tell us about you.

Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Associate ID#: \_\_\_\_\_ Store/DC/Work Location: \_\_\_\_\_

**Part 2** Tell us about your beneficiaries. Their name, phone number and P or S designation are REQUIRED.

<b>Name:</b> _____	<b>Relationship:</b> _____	<b>P or S:</b> _____
<b>Address:</b> _____	<b>Date of Birth:</b> _____	
	<b>Soc. Sec. #:</b> _____	<b>Percent:</b> _____
<b>Phone:</b> _____		

<b>Name:</b> _____	<b>Relationship:</b> _____	<b>P or S:</b> _____
<b>Address:</b> _____	<b>Date of Birth:</b> _____	
	<b>Soc. Sec. #:</b> _____	<b>Percent:</b> _____
<b>Phone:</b> _____		

<b>Name:</b> _____	<b>Relationship:</b> _____	<b>P or S:</b> _____
<b>Address:</b> _____	<b>Date of Birth:</b> _____	
	<b>Soc. Sec. #:</b> _____	<b>Percent:</b> _____
<b>Phone:</b> _____		

<b>Name:</b> _____	<b>Relationship:</b> _____	<b>P or S:</b> _____
<b>Address:</b> _____	<b>Date of Birth:</b> _____	
	<b>Soc. Sec. #:</b> _____	<b>Percent:</b> _____
<b>Phone:</b> _____		

<b>Name:</b> _____	<b>Relationship:</b> _____	<b>P or S:</b> _____
<b>Address:</b> _____	<b>Date of Birth:</b> _____	
	<b>Soc. Sec. #:</b> _____	<b>Percent:</b> _____
<b>Phone:</b> _____		

**Part 3** Please sign and date your form.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date