



Beneficiary Designation Form

For residents of California, Oregon and Washington, the definition of a Spouse includes your legal husband or wife or your State Certified/Registered Domestic Partner. Please contact your employer for any additional eligibility requirements.

For residents of Alaska, Idaho, Utah, Montana and Wyoming, the definition of a Spouse includes your legal husband or wife. Please contact your employer for any additional eligibility requirements.

Please print in blue or black ink; complete all information requested.

| | | | |
|--|---------------|--|------------------------|
| Employer Name | | Group Number | |
| <input type="checkbox"/> New Designation <input type="checkbox"/> Change of Existing Designation | | | |
| Employee's Name (Last, First MI) | Date of Birth | <input type="checkbox"/> M <input type="checkbox"/> F | Social Security Number |

| | | | |
|---|---------------------|--|------------------------|
| Primary Beneficiary (Last, First MI) | Date of Birth | <input type="checkbox"/> M <input type="checkbox"/> F | Social Security Number |
| Beneficiary Address (Street, City, State and Zip) | Relationship To You | | Benefit % |
| Primary Beneficiary (Last, First MI) | Date of Birth | <input type="checkbox"/> M <input type="checkbox"/> F | Social Security Number |
| Beneficiary Address (Street, City, State and Zip) | Relationship To You | | Benefit % |

If Primary Beneficiary(ies) dies before you, the benefit will be paid to your Contingent Beneficiary(ies).

| | | | |
|---|---------------------|--|------------------------|
| Contingent Beneficiary (Last, First MI) | Date of Birth | <input type="checkbox"/> M <input type="checkbox"/> F | Social Security Number |
| Beneficiary Address (Street, City, State and Zip) | Relationship To You | | Benefit % |
| Contingent Beneficiary (Last, First MI) | Date of Birth | <input type="checkbox"/> M <input type="checkbox"/> F | Social Security Number |
| Beneficiary Address (Street, City, State and Zip) | Relationship To You | | Benefit % |

If you wish to name additional beneficiaries, please attach a separate piece of paper with all of the necessary information, including the date and your signature.

The above beneficiary designation applies to:

| |
|---|
| <input type="checkbox"/> All coverages with LifeMap, or; Only (select all that apply): <input type="checkbox"/> Basic Life <input type="checkbox"/> Voluntary Life <input type="checkbox"/> Basic AD&D <input type="checkbox"/> Voluntary AD&D <input type="checkbox"/> Accident Only <input type="checkbox"/> _____ |
|---|

Sign, date and return this form to your Benefits Administrator.

| | |
|------------------------------|--------------------|
| Signature of Employee | Date Signed |
|------------------------------|--------------------|

This form is not valid until SIGNED AND DATED and returned to your Benefits Administrator



Instructions for Completing Your Beneficiary Designation

The Primary Beneficiary receives the benefit proceeds selected above upon your death. You may have more than one Primary or Contingent Beneficiary. If so, please provide all requested information, and the percentage of proceeds you would like each Beneficiary to receive. The Contingent Beneficiary(ies) receives proceeds only if the Primary Beneficiary(ies) dies before you. If no beneficiary is named, or no beneficiary survives the insured, settlement will be made in accordance with the terms of your Group Policy. Please provide all requested information.

Examples follow:

- A. One Primary Beneficiary:** Mary R. Jones – 100% (list information)
- B. Two or more Primary Beneficiaries:** 50% to John Jones and 50% to Sally Smith (list information for both)
- C. Two or more Primary Beneficiaries in Unequal Shares:** 75% to John Jones and 25% to Sally Smith (list information for both)
- D. One Primary and Contingent Beneficiary:** 100% to Mary R. Jones, if living, otherwise to Sally Smith (list info. for both)
- E. Trustee:** Mary R. Jones, Trustee, under trust agreement dated _____
- F. Insured's Estate:** My Estate

Under items B. and C. above, if one of the Primary Beneficiaries dies before you, 100% of the proceeds will go to the living Primary Beneficiary(ies).

Do you know that if death occurs and a minor (a person not of legal age) is the beneficiary, it may be necessary to have a Guardian of the Estate of the minor, or a Conservator for the minor appointed before any death benefit can be paid? This means legal expenses for the beneficiary and delay in the payment of the insurance. Please take this into consideration when naming your beneficiary.

If you have any questions, please see your Benefits Administrator.