

Designation of Beneficiary Form

Complete this form to designate a beneficiary or to change status of existing information.

Before using this form, you should satisfy yourself that the completion thereof will carry out your intentions as the company is not responsible for the validity or effect of any designation made under this form.

A. NOTIFICATION:

Add beneficiary Change beneficiary

Name:	Group No.:	Account No.:	P.I.D. No.:
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B. Beneficiary Designation:

I, _____, do hereby revoke all previous beneficiary designations under the Policy and declare that all benefits payable under the Policy after my death shall be paid to:

Primary Beneficiary(ies) - in equal shares unless other percentage indicated		
Name(s)	Relationship(s)	% Share
_____	_____	_____
_____	_____	_____
_____	_____	_____

In the event the Primary Beneficiary(ies) predeceases the employee, the following Contingent Beneficiary(ies) shall be entitled to the benefits:

Contingent Beneficiary(ies) - in equal shares unless other percentages indicated		
Name(s)	Relationship(s)	% Share
_____	_____	_____
_____	_____	_____
_____	_____	_____

In the event all Beneficiaries predecease the employee, benefits shall be paid to the employee's estate.

Policy proceeds cannot be paid to a minor. If a minor is named as a beneficiary, you should name a trustee. If naming a trustee, you may want to consider creating a trust agreement or referencing an existing trust agreement.

Trustee: _____ Relationship to Employee: _____

C. EMPLOYEE SIGNATURE:

Signed this: _____ day of _____, _____.

Employee Signature: _____

Witness Signature: _____

(must be witnessed by someone other than beneficiary)