

**Designation of Beneficiary**

Policyholder	Policy Number(s)
Insured Name	Social Security Number

I hereby designate the following as my beneficiary(ies) under the above policy number(s):

**Primary Beneficiary(ies)**

<b>Full Name and Address (Please Print)</b>	<b>Percentage* (Must Total 100%)</b>	<b>Date of Birth</b>	<b>Relationship</b>	<b>Social Security Number</b>

\*If no percentages are indicated, benefits will be divided equally between all primary beneficiaries.

Contingent Beneficiary(ies) (applicable only if you are not survived by one or more primary beneficiaries)

<b>Full Name and Address (Please Print)</b>	<b>Percentage* (Must Total 100%)</b>	<b>Date of Birth</b>	<b>Relationship</b>	<b>Social Security Number</b>

\* If no percentages are indicated, any benefits payable to contingent beneficiaries will be divided equally between all contingent beneficiaries.

- ❖ This beneficiary designation revokes all revocable prior beneficiary designations.
- ❖ Unless you indicate otherwise, if any beneficiary predeceases you, that beneficiary's share will be divided pro-rata among the surviving beneficiaries of the same class (primary or contingent).
- ❖ If no beneficiary (primary or contingent) survives you, payment will be made pursuant to the terms of the applicable policy.

Date	Signature of Insured
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This completed form must be retained by the policyholder for Plan Administrator, if different). In the event of the death or the Insured, the original must be submitted to \_\_\_\_\_ Life Insurance Company along with the required Proofs of Loss (see claim form).