

Beneficiary Designation Form

P.O. Box 1650 Little Rock, Arkansas 72203-1650

Insured Name (First, MI, Last)				Birthdate	Social Security Number	
	(· · ·)					
Address	Street	City	State	ZIP	Daytime Telephone	
					()	
Employer N	ame (if applicable)			Policy Number		

I hereby designate the following beneficiary(ies):

PRIMARY BENEFICIARY(IES) - Will receive proceeds if living at death of Insured:

Last Name	First Name	мі	Social Security #	Birthdate	Relationship	Percentage
	•				Total =	
						(Total must equal 100%)

CONTINGENT BENEFICIARY(IES) - Will receive proceeds if Primary Beneficiary(ies) are also deceased at death of Insured:

First Name	мі	Social Security #	Birthdate	Relationship	Percentage
	•			Total =	
					(Total must equal 100%)
	First Name	First Name MI			

Dated at	, this the	day of	,	
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Signature of Insured

Signature of Policyowner (if other than Insured)

THIS BENEFICIARY DESIGNATION IS NOT VALID UNTIL RECEIVED AND ACCEPTED BY YOUR EMPLOYER'S HOME OFFICE.

See Page 2/Reverse Side For Instructions

INSTRUCTIONS

- 1. The signature of the Insured and Policyowner (if other than Insured), is required.
- 2. This form must be completed, signed, and forwarded to Your Employer's Home Office.
- 3. Give full legal name of each beneficiary and relationship to the Insured.

SAMPLE BENEFICIARY DESIGNATIONS

- 1. UNNAMED CHILDREN AS BENEFICIARIES: The legal, natural or adopted child or children of the Insured.
- 2. PARTNERSHIP AS BENEFICIARY: Doe & Company, 100 North Main, Anytown, USA, a partnership composed of John H. Doe and Richard A. Doe.
- 3. CORPORATION AS BENEFICIARY: Doe & Company, 100 North Main, Anytown, USA, a corporation organized under the laws of the State of Arkansas.
- 4. TRUST AS BENEFICIARY: John H. Doe, Trustee under Trust Agreement dated ______,
- 5. CHARITY: American Cancer Society, 234 Main, Anytown, USA.