

Beneficiary Form

Group Term Life Insurance



Important Note: This Beneficiary Designation cancels any prior beneficiary designation and shall be effective on the date received by the Company

Policyholder:

| | | | |
|---|---------------|--------|-----|
| Individual Covered Person | SSN# and DOB: | Phone# | |
| Street Address (please include apartment # as applicable) | City | State | Zip |

THE BENEFICIARY FOR THE POLICY SHALL BE:

| Primary Beneficiary | | | | |
|---------------------|---------|--------------|------------------------------------|---|
| Name | Address | SSN# and DOB | Relationship to the Covered Person | % of Death Benefit Payable to Beneficiary (must total 100%) |
| | | | | |
| | | | | |
| | | | | |

In the event, and only in the event, that all Primary Beneficiaries predecease me, then the proceeds shall be payable to the following Contingent Beneficiaries

| Contingent Beneficiary | | | | |
|------------------------|---------|--------------|------------------------------------|---|
| Name | Address | SSN# and DOB | Relationship to the Covered Person | % of Death Benefit Payable to Beneficiary (must total 100%) |
| | | | | |
| | | | | |
| | | | | |

Insured's Signature: _____

Insured's Printed Name: _____

Date: _____

In case I name more than one person in a group of beneficiaries, whether as the Primary beneficiaries or as the Contingent beneficiaries, then unless I otherwise direct in writing above, each designated beneficiary in a group shall share equally in the amount to be paid under the covering policy. In the event any designated beneficiary (ies) in a group predeceases me, then the remaining beneficiary (ies) in that group of beneficiaries shall share equally in the life insurance proceeds to be paid under the policy.