



Beneficiary Form

Complete this form as thoroughly as possible. Please be advised that completion of this form alone does not constitute coverage for benefits. The company does not admit that there is any insurance in force and does not waive any of its rights and/or defenses. Any incomplete form will not be accepted. The company withholds the right to request additional information prior to acceptance of this form.

Upon completion of this form, keep a copy so that your beneficiaries may refer to it should a claim for Group Term Life or Voluntary Life benefits be necessary. The original of this form should be provided to your employer.

Please return this form to your Benefits Office

EMPLOYEE INFORMATION

Name of employer: _____ Group number: 00381645

Employee's name: _____ Social security number: _____

Address: _____
Street City State Zip Code

Telephone number: _____ Date of birth: _____

Male Female Married Single Start date of employment: _____

VOLUNTARY LIFE INSURANCE - BENEFICIARY DECLARATION

Primary Beneficiaries

In the event of my death, I request that benefits be paid as follows:

Secondary Beneficiaries

In the event that none of my primary beneficiaries are living at the time of benefit payment I request that benefits be paid as follows:

Full Name	Relationship	Percentage of Benefit	Full Name	Relationship	Percentage of Benefit

Please note: The insurance company cannot issue benefits directly to a minor. Should benefits be payable to a minor they will require documents confirming who is the court appointed legal guardian of the minor. If a legal guardian is not appointed, benefits due to be paid to the minor will remain on deposit with the insurance company and earn interest until the minor is of legal age. If you reside in a community property state, it may be unlawful to name someone other than a spouse as a beneficiary without the spouse's consent. Community property states include, but might not be limited to: AZ, CA, ID, LA, NM, NV, TX, WA and WI.

Signature: _____ Date: _____

Signature of Spouse: _____ Date: _____

(Required if policy is obtained in a community property state and your spouse is not listed as your primary beneficiary.)

Witness: _____ Date: _____