

### Beneficiary Designation/Charge

(Do not erase or attempt to make corrections, use a new form)

Group Policy No. 1023000 Social Security No. \_\_\_\_\_

Name of Insured (please print) \_\_\_\_\_

In accordance with the conditions of the Group Policy listed above. I hereby revoke any previous designations of primary beneficiary(ies) and contingent beneficiary(ies) (if any) and designate as primary beneficiary(ies) and contingent beneficiary(ies) (if any) in event of my death, the following:

#### Primary Beneficiary Designation

Full Name (Last, First, Middle Initial)	Relationship	Date of Birth	Address (Street, City, State, Zip)	Share %

In the event said primary beneficiary(ies) predecease(s) me, I designate as contingent beneficiary(ies)	<b>Total</b>	100%
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#### Contingent Beneficiary Designation

Full Name (Last, First, Middle Initial)	Relationship	Date of Birth	Address (Street, City, State, Zip)	Share %

Payment will be made in equal shares or all to the survivor unless otherwise indicated.	<b>Total</b>	100%
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If no beneficiary or contingent beneficiary herein designated shall be living following my death, the amount payable by reason of my death shall be payable as provided in the Group Policy.