



BENEFICIARY DESIGNATION FORM

This form may be used for multiple Pol	icies when de	signating the same beneficiary. I	Jse a separate form	when desi	ignating different benef	iciaries for each Policy.	
		Indicate one of	the following:				
New Insured	Beneficiary C	hange Na	ame Change: From	າ:			
		Complete all of the fol	lowing information	tion:			
Policyholder Name and Policy Nu	mber(s) (Em	ergency Service Organization	Name)				
Policyholder				I	Policy Number		
Policyholder				Policy Number			
Policyholder					Policy Number		
Policyholder				Policy Number			
Other							
☐ Other							
Last Name: First Name:						MI:	
Date of Birth:	Date of Me	mbership: Social Security Number		Number:	/ /		
I hereby designate the following benef beneficiary, the present beneficiary de		,		•	checked above. If this fo	rm represents a change of	
BENEFICIARY DESIGNATION – Primary Class Mark if additional beneficiaries are listed on a separate paper and attached. (Name, address, phone number and/or email address of beneficiaries)		Relationship to insured		Date of Birth	Percent (must equal 100%)		
BENEFICIARY DESIGNATION – Contingent Class (Name, address, phone number and/or email address of beneficiaries)		Relationship to insured		Date of Birth	Percent (must equal 100%)		
MINOR OR ESTATE AS BENEFICIARY: It necessary to have a guardian or legal r delay in the payment of any death ben	epresentative	appointed before any death ber	nefit can be paid. Th	is could m	•	• • • •	
Insured's Signature: Date:							

Sample wording for Beneficiary Designations

Class	Relationship of Insured	Percent
One Beneficiary of a class:		
Jane Ann Jones	Spouse	100%
Two or more Beneficiaries of a class:		
Arthur Leo Jones	Father	50%
Grace Hays Jones	Mother	50%
Unnamed Children:		
Children of the Named Insured		Split Equally
Unequal distribution:		
Grace Hays Jones	Mother	50%
Mary Jones Ford	Sister	25%
William Roger Jones	Brother	25%
Insured's Estate	Executors or Administrators of the Insured's Estate	

This form should be retained by the Policyholder with a copy to the insured.

BENEFICIARY/NAME CHANGE 07/22

^{*}Primary Beneficiary is the person(s) who will receive the insurance proceeds.

^{**} Contingent Beneficiary is the person(s) who will receive the insurance proceeds if the primary beneficiary is not alive at your death.