BENEFICIARY DESIGNATION FORM

Life Insurance Company of North America



Employer Name	City of San Rafael				
Employee Name	Employee Social Security #				
Current Address		City	State	ZIP	
Current AddressHome Phone	Work Phone	please enter	all dates in mm/c	ld/yyyy format	
Primary and Contingent Ben paid to primary surviving bene beneficiaries only when there beneficiaries and do not designate beneficiaries in equal shares. It before the insured will be divided category (primary or contingent)	ficiaries in equal sha are no surviving prim ate percentages, prod Unless otherwise pro ed proportionately amo).	res. Proceeds are painary beneficiaries. If you seeds are paid to the suvided, the share of a long the surviving bene	id to continge ou designate c urviving contir beneficiary w ficiaries in the	nt ontingent ngent ho dies	
Basic Term Life Insurance, Life Ins	urance Company of Nort	<u>h America - Policy No. FL</u>	X0960830		
Employee's Primary Beneficiary(ies):	Relationship	Social Security Number	Date of Birth	% (total must equal 100%)	
Employee's Contingent Beneficiary(ies):	Relationship	Social Security Number	Date of Birth	% (total must equal 100%)	
Voluntary Term Life Insurance, Life	Insurance Company of	North America - Policy No	D. FLX0960830		
Employee's Primary Beneficiary(ies):	Relationship	Social Security Number	Date of Birth	% (total must	
Employee 31 milary beneficiary(les).	Relationship	Social Security Number	OI BIITII	equal 100%)	
Employee's Contingent Beneficiary(ies):	Relationship	Social Security Number	Date of Birth	% (total must equal 100%)	
Voluntary Accident Insurance, Life	Insurance Company of N	│ North America - Policv No	OK 0960768		
Employee's Primary Beneficiary(ies):	Relationship	Social Security Number	Date of Birth	% (total must equal 100%)	
Employee's Contingent Beneficiary(ies):	Relationship	Social Security Number	Date of Birth	% (total must equal 100%)	
If you need additional space using	g the above format, attach number, the date, and		with the appropri	iate policy	

Note: This form is not complete without your signature. Please sign the form where indicated.

Owner Signature	Date	/	/

GUIDELINES FOR DESIGNATION OF BENEFICIARIES

General - Please be sure to include the beneficiary's full name, social security number and relationship to you. Providing this information can help expedite the claim process by making it easier to locate and verify beneficiaries.

Minors - While you may designate minors as beneficiaries, please note that claim payments may be delayed due to special issues raised by these designations. In the event of a claim and the beneficiary is a minor child, the insurance proceeds will not be released to the minor child. The insurance proceeds may be paid to a duly appointed guardian of the child's estate. You may want to obtain the assistance of an attorney in drafting your beneficiary designation.

Trust as Beneficiary - You may designate a trust as beneficiary, using the following form: "To [name of trustee], trustee of the [name of trust], under a trust agreement dated [date of trust]."

If you wish to designate a testamentary trust as beneficiary (i.e., one created by will), you should recognize the possibility that your will which was intended to create this trust may not be admitted to probate (because it is lost, contested, or superseded by a later will). Claim payment delays can result if the beneficiary designation doesn't provide for this situation.

Life Status Changes - We recommend that you review your beneficiary designation when significant life status events occur, such as marriage, divorce, or birth of a child.

See an Attorney! The above guidelines are general and are not intended to be relied on as legal advice. Unless your designation is a simple one, we recommend that you obtain the assistance of an attorney in drafting your beneficiary designation. A qualified attorney can help assure that your beneficiary designation correctly reflects your intentions, is clear and unambiguous, and meets legal requirements.