

**Designation of Beneficiary**

|              |                        |
|--------------|------------------------|
| Policyholder | Policy Number(s)       |
| Insured Name | Social Security Number |

I hereby designate the following as my beneficiary (ies) under the above policy number(s):

**Primary Beneficiary(ies)**

| Full Name and Address (Please Print) | Percentage*<br>(Must total 100%) | Date of Birth | Relationship | Social Security Number |
|--------------------------------------|----------------------------------|---------------|--------------|------------------------|
|                                      |                                  |               |              |                        |
|                                      |                                  |               |              |                        |
|                                      |                                  |               |              |                        |

\* If no percentages are indicated, benefits will be divided equally between all primary beneficiaries.

**Contingent Beneficiary(ies)** (applicable only if you are not survived by one or more primary beneficiaries)

| Full Name and Address (Please Print) | Percentage*<br>(Must total 100%) | Date of Birth | Relationship | Social Security Number |
|--------------------------------------|----------------------------------|---------------|--------------|------------------------|
|                                      |                                  |               |              |                        |
|                                      |                                  |               |              |                        |
|                                      |                                  |               |              |                        |

\* If no percentages are indicated, any benefits payable to contingent beneficiaries will be divided equally between all contingent beneficiaries.

- ◆ This beneficiary designation revokes all revocable prior beneficiary designations.
- ◆ Unless you indicate otherwise, if any beneficiary predeceases you, that beneficiary's share will be divided pro-rata among the surviving beneficiaries of the same class (primary or contingent).
- ◆ If no beneficiary (primary or contingent) survives you, payment will be made pursuant to the terms of the applicable policy.

|      |                      |
|------|----------------------|
| Date | Signature of Insured |
|------|----------------------|