

Group Term Life Insurance Beneficiary Designation

- This form be signed before you return it. See "SECTION III – Signature" on page 3.

Customer Number

Employer Name/Group Policyholder Name

First Name

Middle Name

Anyone listed in the primary section cannot

be listed in the contingent section.

x The sum of the Primary Beneficiary percentages . The sum of the Contingent Beneficiary percentages
. Dollar amounts, fractions and decimals will not be accepted.

x If you need more space for additional beneficiaries, attach a separate page. Include all beneficiary information, and sign/date the page.

Check if you are completing and signing this form as agent for the employee under a valid Power of Attorney.
Retu p e A eP er