



## Special Beneficiary Designation

### Instructions

- Complete Sections 1-3
- Section 2: Choose only *one* of the available options
- Section 3: Form must be signed and dated for designation to be valid
- Section 4: Please read carefully (*See reverse side of form*)

### Section 1 - Employer / Employee Information

<input type="checkbox"/> New Applicant <input type="checkbox"/> Change of Beneficiary	POLICY / PLAN NUMBER	SOCIAL SECURITY NUMBER	CERTIFICATE NUMBER ( <i>if different than Social Security #</i> )
EMPLOYEE NAME		POLICYHOLDER (EMPLOYER) NAME	

### Section 2 - Beneficiary Option (*Choose only one of the available options*)

If no beneficiary survives the insured, payment shall be made to the executor or administrator of the estate of the insured. Unless otherwise provided herein or by law, any moneys due or any rights granted to any minor shall be paid to or exercised by the legal guardian of such minor. General provisions are on the reverse side hereof.

<b>Option 1</b>  <input type="checkbox"/> One or more primary beneficiaries	Equally to such of the following named persons as are living at my death. (Names, addresses, Social Security Number and relationship to person insured)	<b>Option 2</b>  <input type="checkbox"/> Wife or husband; otherwise children born of marriage	To  my spouse, if living at my death; if not, equally to the then living children born of our marriage.
<b>Option 3</b>  <input type="checkbox"/> One or more primary beneficiaries; otherwise one or more secondary beneficiaries	Equally to such of the following named persons as are living at my death. (Names, addresses, Social Security Number and relationship to person insured)	<b>Option 4</b>  <input type="checkbox"/> Wife or husband; otherwise children born of marriage and issue of deceased children.	To  my spouse, if living at my death; if not, equally to the then living children born of our marriage and to the then living lawful issue, per stirpes, of any children born of our marriage then deceased.
<b>Option 6</b>  <input type="checkbox"/> Revocable or Irrevocable Trust (enter name of Trustee and name and date of Trust)  <input type="checkbox"/> Trustee Under Insured's Will	If no such beneficiary be then living, equally to such of the following named persons as are then living. (Names, addresses, Social Security Number and relationship to person insured)	<b>Option 5</b>  <input type="checkbox"/> Wife or husband; otherwise any lawful children.	To  my spouse, if living at my death; if not, equally to the then living lawful children.
<b>Option 7</b>  <input type="checkbox"/> Estate of insured	In the event of the death of the insured, the proceeds shall be paid in one sum to:  As trustee(s), or to the successor or successors in trust, in accordance with trust agreement dated: _____  And any amendments or supplements thereto. It is hereby provided that if the insurance company shall determine on the basis of evidence satisfactory to it and received at its home office that the above mentioned trust is not in effect at the death of the insured, the proceeds shall be paid in one sum to the executor or administrator of the estate of the insured.		
<input type="checkbox"/> Estate of insured		To Executor or Administrator of the Estate of the Insured	

### Section 3 - Authorization

EMPLOYEE SIGNATURE	DATE
ADDRESS	PHONE NUMBER

## Section 4 - General Provisions

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If provision is made in this settlement for the lawful children or lawful issue as a class of any person, the class shall include only lawful children born to or legally adopted by such person. The word "proceeds" as used herein shall mean the amount payable on death. The word "insured" as used herein shall be construed to mean "insured employee". The Company shall be under no obligation to see to the proper performance of the terms of any trust herein established or referred to or of any extrinsic or collateral agreement; and any payment made to, or action taken pursuant to the direction of any trustee or other party entitled hereunder shall constitute a full discharge of the obligation of the Company in respect thereto. All decisions made by the Company in good faith on questions of fact, or the determination of beneficiaries or their identity or the rights of beneficiaries, based on proof by affidavit or other written evidence satisfactory to it, shall be conclusive as to the liability of said Company, and any payments made in accordance therewith shall discharge the Company of its obligations under the Policy for such payments.

**If none of the above beneficiary formulas apply to your situation, please send completed details and forms will be prepared.**

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