

BENEFICIARY DESIGNATION



Initial Beneficiary Designation(s) OR Change of all prior beneficiary designation(s) (*check only one box*), I hereby revoke any previous beneficiary designation(s), if any, for my group term life insurance and/or accidental death and dismemberment (AD&D) insurance issued to this group or employer and direct that the insurance proceeds payable under the policy be paid as indicated below.

| | |
|-----------------------|---|
| Employee Name | Social Security Number <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| Employee Address | Telephone Number |
| Policyholder/Employer | Policy/Employer Number |

NAMING THE BASIC LIFE AND AD&D BENEFICIARY

It is important that your beneficiary designation be clear so that there will be no question as to your intent. It is also important that you name a primary and contingent beneficiary. When naming your beneficiary(ies) please indicate their full name, address, social security number, and relationship. If the beneficiary is not related either by blood or marriage, insert the words, "Not Related." If more than one primary or contingent beneficiary is named without a percentage indicated, the proceeds will be divided equally. On the reverse side of this form you will find examples of common beneficiary designations. If you need assistance, contact your Company representative or your own legal counsel.

| | | | | | | |
|--|--------------------------|-------|--------------------------|--------------|--------------------------|------------------------|
| PRIMARY BENEFICIARY(IES) | <input type="checkbox"/> | Basic | <input type="checkbox"/> | Supplemental | <input type="checkbox"/> | Basic and Supplemental |
| Name: _____ Date of Birth _____ | | | | | | |
| Address: _____ | | | | | | |
| Social Security Number: _____ Relationship: _____ Benefit Percent: _____ | | | | | | |
| Name: _____ Date of Birth _____ | | | | | | |
| Address: _____ | | | | | | |
| Social Security Number: _____ Relationship: _____ Benefit Percent: _____ | | | | | | |

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|--|--------------------------|-------|--------------------------|--------------|--------------------------|------------------------|
| CONTINGENT BENEFICIARY(IES) | <input type="checkbox"/> | Basic | <input type="checkbox"/> | Supplemental | <input type="checkbox"/> | Basic and Supplemental |
| Name: _____ Date of Birth _____ | | | | | | |
| Address: _____ | | | | | | |
| Social Security Number: _____ Relationship: _____ Benefit Percent: _____ | | | | | | |
| Name: _____ Date of Birth _____ | | | | | | |
| Address: _____ | | | | | | |
| Social Security Number: _____ Relationship: _____ Benefit Percent: _____ | | | | | | |

Spousal Consent For Community Property States Only: If you live in a community property state- Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington, or Wisconsin - you may complete the Spousal Consent section, which allows your spouse to waive his or her rights to any community property interest in the benefit. Disclaimer: spousal consent does not apply to ERISA plans.

This will certify that, as spouse of the Employee named above, I hereby consent to my spouse designating the person(s) listed above as beneficiary(ies) of group life insurance under the above policy and waive any rights I may have to the proceeds of such insurance under applicable community property laws. I understand that this consent and waiver supersede any prior spousal consent or waiver under this plan.

Signature of Employee's Spouse _____ **Date** _____

I, the undersigned, reserve the right to change the beneficiary(ies) without the consent of said beneficiary(ies).

Signature of Employee _____ **Date** _____

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| Employee Address | Telephone Number |
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| Address: _____ | | | | | | |
| Social Security Number: _____ Relationship: _____ Benefit Percent: _____ | | | | | | |
| Name: _____ Date of Birth _____ | | | | | | |
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| Address: _____ | | | | | | |
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Signature of Employee _____ **Date** _____

Following are examples of the most common beneficiary designations:

Mary J. Doe, Wife (not Mrs. John Doe).

Mary J. Doe, Wife, if living, otherwise to Joseph W. Doe, Son.

Mary J. Doe, Wife, if living, otherwise to Jane Doe, Daughter, and Joseph W. Doe, Son in equal shares, if they are both living, otherwise to whichever of them survive me.

Estate of the Insured.

If you name more than one beneficiary with unequal shares, please show the percent of insurance to be paid to each beneficiary, for example "33 1/3% to Mary Jones, Mother and 66 2/3% to Edith Jones, Wife."

Beneficiary Designation Forms cannot be signed by a Power of Attorney.

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| | |
|---|--|
| Employee Name John Doe | Social Security Number X X X X X X X X X X |
| Employee Address 234 Main Street, Anytown, CT 00000 | Telephone Number 000 000-0000 |
| Policyholder/Employer Any Kind of Foods Corp. | Policy/Employer Number 9876543 |

NAMING THE BASIC LIFE AND AD&D BENEFICIARY

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| | | | |
|--|---------------------------------------|---|--|
| PRIMARY BENEFICIARY(IES) | | | |
| <input type="checkbox"/> Basic | <input type="checkbox"/> Supplemental | <input type="checkbox"/> Basic and Supplemental | |
| Name: Jane Doe | Date of Birth: 00/00/00 | | |
| Address: 987 Any Lane, Anytown, CT 00000 | | | |
| Social Security Number: XXX-XX-XXXX | Relationship: Spouse | Benefit Percent: 100 | |
| Name: _____ Date of Birth: _____ | | | |
| Address: _____ | | | |
| Social Security Number: _____ Relationship: _____ Benefit Percent: _____ | | | |

| | | | |
|---|---------------------------------------|---|--|
| CONTINGENT BENEFICIARY(IES) | | | |
| <input type="checkbox"/> Basic | <input type="checkbox"/> Supplemental | <input type="checkbox"/> Basic and Supplemental | |
| Name: Mary Doe | Date of Birth: 00/00/00 | | |
| Address: 123 Wherever Road, Anytown, CT 00000 | | | |
| Social Security Number: XXX-XX-XXXX | Relationship: Daughter | Benefit Percent: 50 | |
| Name: Bob Doe | Date of Birth: 00/00/00 | | |
| Address: 5678 Anywhere Street, Anytown, CT 00000 | | | |
| Social Security Number: XXX-XX-XXXX | Relationship: Son | Benefit Percent: 50 | |

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| PRIMARY BENEFICIARY(IES) | | | |
| <input type="checkbox"/> Basic | <input type="checkbox"/> Supplemental | <input type="checkbox"/> Basic and Supplemental | |
| Name: Jane Doe | Date of Birth: 00/00/00 | | |
| Address: 987 Any Lane, Anytown, CT 00000 | | | |
| Social Security Number: XXX-XX-XXXX | Relationship: Spouse | Benefit Percent: 100 | |
| Name: _____ Date of Birth: _____ | | | |
| Address: _____ | | | |
| Social Security Number: _____ Relationship: _____ Benefit Percent: _____ | | | |

| | | | |
|---|---------------------------------------|---|--|
| CONTINGENT BENEFICIARY(IES) | | | |
| <input type="checkbox"/> Basic | <input type="checkbox"/> Supplemental | <input type="checkbox"/> Basic and Supplemental | |
| Name: Mary Doe | Date of Birth: 00/00/00 | | |
| Address: 123 Wherever Road, Anytown, CT 00000 | | | |
| Social Security Number: XXX-XX-XXXX | Relationship: Daughter | Benefit Percent: 50 | |
| Name: Bob Doe | Date of Birth: 00/00/00 | | |
| Address: 5678 Anywhere Street, Anytown, CT 00000 | | | |
| Social Security Number: XXX-XX-XXXX | Relationship: Son | Benefit Percent: 50 | |

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SUPPLEMENT TO ADMINISTRATIVE MANUAL

STATE OF FLORIDA

BENEFICIARY DESIGNATION

Florida §627.552 applies to Group Life Insurance policies and prohibits employees from naming the employer as beneficiary.

Employers, on receipt of enrollment forms and beneficiary designation forms, should review beneficiary designations to assure conformity with the law.