

This designation will apply to the following Standard Insurance Company coverage(s) if available to you through your Employer: Life Insurance, Life with Accidental Death & Dismemberment (AD&D) Insurance, AD&D Insurance and, unless specified otherwise on a separate signed sheet of paper, Supplemental Life Insurance.

Designations made below, or on a separate sheet of paper, are not valid unless signed, dated, and delivered to your Employer during your lifetime. Return the completed form to your Human Resources Department.

**MEMBER/EMPLOYEE INFORMATION**

|                                 |           |               |
|---------------------------------|-----------|---------------|
| Your Name (Last, First, Middle) |           | Date of Birth |
| Your Address                    |           |               |
| City                            | State     | Zip           |
| Group Name                      | Group No. |               |

**BENEFICIARY INFORMATION**

- Your designation revokes all prior designations.
- Benefits are payable to a contingent Beneficiary only if you are not survived by one or more primary Beneficiaries.
- If you name two or more Beneficiaries in a class (primary or contingent), two or more surviving Beneficiaries will share equally, unless you provide for unequal shares.  
If a minor (a person not of legal age) or your estate is the Beneficiary, it may be necessary to have a guardian or a legal representative appointed by the court before any death benefit can be paid. If the Beneficiary is a trust or trustee, the written trust must be identified in the Beneficiary designation. For example, "Dorothy Q. Smith, Trustee under the trust agreement dated \_\_\_\_\_."
- A power of attorney must grant specific authority, by the terms of the document or applicable law, to make or change a Beneficiary designation. If you have questions, consult your legal advisor.
- Dependents Insurance and Supplemental Life Insurance on your Spouse, if any, is payable to you, if living, or as provided under your Employer's coverage under the Group Policy.
- If you complete the "% of Benefit" box(es), the amounts should add up to 100% for each class (primary or contingent). For example, "Primary - John Q. Doe, 60%; Jane Q. Doe, 40%."

| PRIMARY – Full Name | Address | Date of Birth | Phone No. | Relationship | % of Benefit |
|---------------------|---------|---------------|-----------|--------------|--------------|
|                     |         |               |           |              |              |
|                     |         |               |           |              |              |

  

| CONTINGENT – Full Name | Address | Date of Birth | Phone No. | Relationship | % of Benefit |
|------------------------|---------|---------------|-----------|--------------|--------------|
|                        |         |               |           |              |              |
|                        |         |               |           |              |              |

  

|                              |      |
|------------------------------|------|
| Signature of Member/Employee | Date |
|------------------------------|------|