

Beneficiary Designation Form

New Change

| EMPLOYER INFORMATION | | | | | | | |
|----------------------|-------------------|---------------|-----------|------------------------|------------|----------------|--|
| GROUP NUMBER | SUBGROUP/CLASS | EMPLOYER NAME | | | | EFFECTIVE DATE | |
| EMPLOYEE INFORMATION | | | | | | | |
| LAST NAME | FIRST | MI | SEX (M/F) | BIRTHDATE (MM/DD/YYYY) | HIRE DATE | | |
| CONTRACT NUMBER | SOCIAL SECURITY # | HOME PHONE | | | WORK PHONE | | |
| MAILING ADDRESS | | CITY | STATE | | ZIP | E-MAIL ADDRESS | |

Enrollee's Last Name _____ First Name _____ Subscriber Number _____ Group Number/Subgroup _____ / _____

GROUP TERM LIFE with or without embedded ACCIDENTAL DEATH benefit. (GTL & AD&D)

| Primary Beneficiary(ies) | Last Name | First Name | M | Date of Birth | Address | Social Security # | Relationship to You | Percent | |
|-----------------------------|-----------|------------|---|---------------|---------|-------------------|---------------------|-------------|-------|
| | | | | | | | | | ____% |
| | | | | | | | | | ____% |
| | | | | | | | | | ____% |
| | | | | | | | | Must = 100% | |
| Contingent Beneficiary(ies) | Last Name | First Name | M | Date of Birth | Address | Social Security # | Relationship to You | Percent | |
| | | | | | | | | ____% | |
| | | | | | | | | ____% | |
| | | | | | | | | ____% | |
| | | | | | | | | Must = 100% | |

VOLUNTARY TERM LIFE with or without embedded ACCIDENTAL DEATH benefit. (VGTL & VAD&D)

| Primary Beneficiary(ies) | Last Name | First Name | M | Date of Birth | Address | Social Security # | Relationship to You | Percent |
|-----------------------------|-----------|------------|---|---------------|---------|-------------------|---------------------|-------------|
| | | | | | | | | ____% |
| | | | | | | | | ____% |
| | | | | | | | | ____% |
| | | | | | | | | Must = 100% |
| Contingent Beneficiary(ies) | Last Name | First Name | M | Date of Birth | Address | Social Security # | Relationship to You | Percent |
| | | | | | | | | ____% |
| | | | | | | | | ____% |
| | | | | | | | | ____% |
| | | | | | | | | Must = 100% |

-Over-

VOLUNTARY HIGH LIMIT ACCIDENTAL DEATH (VHL/VHLF)

| | Last Name | First Name | M | Date of Birth | Address | Social Security # | Relationship to You | Percent |
|--|-----------|------------|---|---------------|---------|-------------------|---------------------|---------|
| Primary Beneficiary(ies) | | | | | | | | ____% |
| | | | | | | | | |
| Contingent Beneficiary(ies) | | | | | | | | ____% |
| | | | | | | | | |

I designate the beneficiary(ies) shown above to receive sums which may become due on account of my death under the group coverage(s) provided and approved by SNL. If you use this form or a system to change beneficiary designation for a specific coverage, you hereby revoke all prior beneficiary designations for that coverage.

Employee's Signature

Employee's Signature Date