



P.O. Box 1650
Little Rock, Arkansas 72203-1650

Beneficiary Designation Form

Date Received Home Office

Insured Name (First, MI, Last)	Birthdate	Social Security Number
Address Street City State ZIP	Daytime Telephone ()	
Employer Name (if applicable)	Policy Number	

I hereby designate the following beneficiary(ies):

PRIMARY BENEFICIARY(IES) - Will receive proceeds if living at death of Insured:

Last Name	First Name	MI	Social Security #	Birthdate	Relationship	Percentage
Total =						(Total must equal 100%)

CONTINGENT BENEFICIARY(IES) - Will receive proceeds if Primary Beneficiary(ies) are also deceased at death of Insured:

Last Name	First Name	MI	Social Security #	Birthdate	Relationship	Percentage
Total =						(Total must equal 100%)

Dated at _____, this the ____ day of _____, _____.

Signature of Insured

Signature of Policyowner (if other than Insured)

THIS BENEFICIARY DESIGNATION IS NOT VALID UNTIL RECEIVED AND ACCEPTED BY YOUR EMPLOYER'S HOME OFFICE.

See Page 2/Reverse Side For Instructions

INSTRUCTIONS

1. The signature of the Insured and Policyowner (if other than Insured), is required.
2. This form must be completed, signed, and forwarded to Your Employer's Home Office.
3. Give full legal name of each beneficiary and relationship to the Insured.

SAMPLE BENEFICIARY DESIGNATIONS

1. **UNNAMED CHILDREN AS BENEFICIARIES:** The legal, natural or adopted child or children of the Insured.
2. **PARTNERSHIP AS BENEFICIARY:** Doe & Company, 100 North Main, Anytown, USA, a partnership composed of John H. Doe and Richard A. Doe.
3. **CORPORATION AS BENEFICIARY:** Doe & Company, 100 North Main, Anytown, USA, a corporation organized under the laws of the State of Arkansas.
4. **TRUST AS BENEFICIARY:** John H. Doe, Trustee under Trust Agreement dated _____, _____.
5. **CHARITY:** American Cancer Society, 234 Main, Anytown, USA.