



## 2. Beneficiary Designation Continued

### Primary Beneficiary:

\_\_\_\_\_  
First Middle/MI Last Relationship to Insured

\_\_\_\_\_  
Address Number and Street

\_\_\_\_\_  
Social Security Number %Share Date of Birth Phone Number

### Contingent Beneficiary: (Total % share must equal 100%)

\_\_\_\_\_  
First Middle/MI Last Relationship to Insured

\_\_\_\_\_  
Address Number and Street

\_\_\_\_\_  
Social Security Number %Share Date of Birth Phone Number

### Contingent Beneficiary:

\_\_\_\_\_  
First Middle/MI Last Relationship to Insured

\_\_\_\_\_  
Address Number and Street

\_\_\_\_\_  
Social Security Number %Share Date of Birth Phone Number

## 3. Signature Section

**By my signature below, I understand this change of Beneficiary shall revoke any previous Beneficiary designation or election of a payment option.**

\_\_\_\_\_  
**Signature of Owner**

\_\_\_\_\_  
**Date**

**Community Property Laws** - If you are married, reside in a community property state (Arizona, California; Idaho, Louisiana, Nevada, New Mexico, Texas, Washington or Wisconsin), and name someone other than your spouse as beneficiary, it is possible that payment of benefits may be delayed or disputed unless your spouse also signs the beneficiary designation.

\_\_\_\_\_  
**Signature of Spouse**

\_\_\_\_\_  
**Date**