Beneficiary Designation For Basic Life and/or Supplemental Life Insurance

Participant must check box(es) that apply: ☐ Basic Life ☐ Supplemental Life Insurance

Use this form to designate a beneficiary or beneficiaries to receive the death benefits payable after your death. Please type or print the information requested. Return the completed form to Associated Benefits Corporation, 1415 28th Street, Suite 100, West Des Moines, IA, 50266-1450.

Section I. Personal Data

1. Name _____
Last First Middle

2. _____ - _____ - _____ **3.** _____/_____/_____ **4.** (_____) _____-_____
Social Security Number Date of Birth (Mo/Day/Year) Daytime Phone

5. Address _____
Street Address or Box Number

6. City _____ **7.** _____ **8.** _____
State Zip Code

9. Is this a new address? ☐ Yes ☐ No

10. ☐ Single ☐ Married **11.** _____ **12.** _____
Employer Name Employer Group No.

Section II. Designation Guidelines. Please read carefully before naming a beneficiary.

At the time you become insured, you should name a beneficiary for your death benefits under your life insurance and accidental death and dismemberment benefits. You may change your beneficiary at any time by filing this beneficiary designation form. The new beneficiary designation will be effective as of the date you sign this form, however, if UNUM has taken any action or made payment before ABC received this form, that change will not go into effect. It is important that you name a beneficiary and keep your designation current. If more than one beneficiary is named and you do not designate their order of rights, the beneficiaries will share equally. The share of a beneficiary who dies before you will pass to any surviving beneficiaries in the order you designated. Your death benefits will be paid to your estate if you die without naming a beneficiary; or all beneficiaries you have named die before you.

Section III. Primary Beneficiary Designation

I hereby designate the person(s) named below as primary beneficiary(ies) to whom any benefits payable on account of my death are to be paid under the terms of the Plan.

1. _____ _____ _____
Beneficiary Name (Last) (First) (Middle) Percentage Relationship

2. _____ _____ _____
Beneficiary Name (Last) (First) (Middle) Percentage Relationship

☐ Check here if additional pages are used to name additional primary beneficiaries.

Section IV. Contingent Beneficiary Designation

If there is no primary beneficiary(ies) living at the time of my death, I hereby specify that any benefits payable from the Plan be distributed to my contingent beneficiary(ies) listed below.

1. _____ _____ _____
Beneficiary Name (Last) (First) (Middle) Percentage Relationship

2. _____ _____ _____
Beneficiary Name (Last) (First) (Middle) Percentage Relationship

☐ Check here if additional pages are used to name additional contingent beneficiaries.

Section V. Your Signature

I designate the person(s) listed on this form as my beneficiary(ies) to receive the specified percentages of the benefits payable upon my death under the terms of the Plan. I may, at any time prior to receipt of my full benefit, revoke or amend any such designation previously made. This designation revokes any previous beneficiary designations made by me under this Plan.

_____ _____
Participant's Signature Date