

Beneficiary Designation Form

for Company-Paid Life Insurance, Optional Life Insurance, Accidental Death and Dismemberment,
and Business Travel Accident Insurance

Work Location Number _____ Name _____ WIN _____

This form names my beneficiaries for my: Company-Paid Life Insurance, Optional Life Insurance, Accidental Death and Dismemberment,
and Business Travel Accident Insurance. **Please Review instructions for beneficiary form on page 2.**

If you want the same beneficiaries for the below 4 plans, check here and fill out the Company-Paid Life Insurance section only.

Company-Paid Life Insurance

- 1 Name: _____ Date of Birth: _____ Relationship: _____ %
Address: _____ City: _____ State: _____ Zip: _____
- 2 Name: _____ Date of Birth: _____ Relationship: _____ %
Address: _____ City: _____ State: _____ Zip: _____
- 3 Name: _____ Date of Birth: _____ Relationship: _____ %
Address: _____ City: _____ State: _____ Zip: _____
- 4 Name: _____ Date of Birth: _____ Relationship: _____ %
Address: _____ City: _____ State: _____ Zip: _____ = **100%**

Optional Life Insurance

- 1 Name: _____ Date of Birth: _____ Relationship: _____ %
Address: _____ City: _____ State: _____ Zip: _____
- 2 Name: _____ Date of Birth: _____ Relationship: _____ %
Address: _____ City: _____ State: _____ Zip: _____
- 3 Name: _____ Date of Birth: _____ Relationship: _____ %
Address: _____ City: _____ State: _____ Zip: _____
- 4 Name: _____ Date of Birth: _____ Relationship: _____ %
Address: _____ City: _____ State: _____ Zip: _____ = **100%**

Accidental Death and Dismemberment

- 1 Name: _____ Date of Birth: _____ Relationship: _____ %
Address: _____ City: _____ State: _____ Zip: _____
- 2 Name: _____ Date of Birth: _____ Relationship: _____ %
Address: _____ City: _____ State: _____ Zip: _____
- 3 Name: _____ Date of Birth: _____ Relationship: _____ %
Address: _____ City: _____ State: _____ Zip: _____
- 4 Name: _____ Date of Birth: _____ Relationship: _____ %
Address: _____ City: _____ State: _____ Zip: _____ = **100%**

Business Travel Accident Insurance

- 1 Name: _____ Date of Birth: _____ Relationship: _____ %
Address: _____ City: _____ State: _____ Zip: _____
- 2 Name: _____ Date of Birth: _____ Relationship: _____ %
Address: _____ City: _____ State: _____ Zip: _____
- 3 Name: _____ Date of Birth: _____ Relationship: _____ %
Address: _____ City: _____ State: _____ Zip: _____
- 4 Name: _____ Date of Birth: _____ Relationship: _____ %
Address: _____ City: _____ State: _____ Zip: _____ = **100%**

INSTRUCTIONS:

Complete this form and return it to your personnel representative. This form will then be placed in your personnel file.

This Beneficiary Designation Form shall fully revoke and take the place of any beneficiary forms I have completed for the plans listed above, before this date, whether electronic or paper. I understand that I have the right to change this Beneficiary Designation Form at any time. Any and all prior beneficiary designations shall be void.

Associate's Signature _____ Date _____

IF THE BENEFICIARIES LISTED ON THE PREVIOUS PAGE DOES NOT SURVIVE ME, THESE ARE MY ALTERNATE BENEFICIARIES.

Work Location Number _____ Name _____ WIN _____

This form names my alternate beneficiaries for my: Company-Paid Life Insurance, Optional Life Insurance, Accidental Death and Dismemberment, and Business Travel Accident Insurance.

If you want the same alternate beneficiaries for the below 4 plans, check here and fill out the Company-Paid Life Insurance section only.

Company-Paid Life Insurance

- 1 Name: _____ Date of Birth: _____ Relationship: _____ %
Address: _____ City: _____ State: _____ Zip: _____
- 2 Name: _____ Date of Birth: _____ Relationship: _____ %
Address: _____ City: _____ State: _____ Zip: _____
- 3 Name: _____ Date of Birth: _____ Relationship: _____ %
Address: _____ City: _____ State: _____ Zip: _____
- 4 Name: _____ Date of Birth: _____ Relationship: _____ %
Address: _____ City: _____ State: _____ Zip: _____ = **100%**

Optional Life Insurance

- 1 Name: _____ Date of Birth: _____ Relationship: _____ %
Address: _____ City: _____ State: _____ Zip: _____
- 2 Name: _____ Date of Birth: _____ Relationship: _____ %
Address: _____ City: _____ State: _____ Zip: _____
- 3 Name: _____ Date of Birth: _____ Relationship: _____ %
Address: _____ City: _____ State: _____ Zip: _____
- 4 Name: _____ Date of Birth: _____ Relationship: _____ %
Address: _____ City: _____ State: _____ Zip: _____ = **100%**

Accidental Death and Dismemberment

- 1 Name: _____ Date of Birth: _____ Relationship: _____ %
Address: _____ City: _____ State: _____ Zip: _____
- 2 Name: _____ Date of Birth: _____ Relationship: _____ %
Address: _____ City: _____ State: _____ Zip: _____
- 3 Name: _____ Date of Birth: _____ Relationship: _____ %
Address: _____ City: _____ State: _____ Zip: _____
- 4 Name: _____ Date of Birth: _____ Relationship: _____ %
Address: _____ City: _____ State: _____ Zip: _____ = **100%**

Business Travel Accident Insurance

- 1 Name: _____ Date of Birth: _____ Relationship: _____ %
Address: _____ City: _____ State: _____ Zip: _____
- 2 Name: _____ Date of Birth: _____ Relationship: _____ %
Address: _____ City: _____ State: _____ Zip: _____
- 3 Name: _____ Date of Birth: _____ Relationship: _____ %
Address: _____ City: _____ State: _____ Zip: _____
- 4 Name: _____ Date of Birth: _____ Relationship: _____ %
Address: _____ City: _____ State: _____ Zip: _____ = **100%**

NOTES:

- 1) You must fill in beneficiary names before signing.
- 2) Cross-outs and white-outs will invalidate your designation unless each change is initialed.
- 3) If you designate the beneficiaries for only one plan, without checking the box indicating that you want all plans to have the same beneficiaries, the other plans will be paid according to the default survivor beneficiaries listed in the box on the right.
- 4) Complete additional forms if you have more than three beneficiaries per plan.

If more than one beneficiary is named, the death benefit, unless otherwise provided herein, will be paid in equal shares to the designated beneficiaries who survive the associate; if no such beneficiary survives the associate, or if no beneficiary is named, payment will be made to the first survivor(s) in the following order:

Default Survivor Beneficiaries

1. Widow or widower
2. Children in equal shares
3. Parents in equal shares
4. Brothers and sisters in equal shares
5. Executor or administrator of your estate