

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.