Life Insurance

Beneficiary Designated Form



In the event of death, the listed beneficiary/ies will receive one payment equal to the employee's annual salary up to a maximum of \$50,000. In the event of an accidental death, the amount will be three times the annual benefit. A beneficiary must be designated.

| Name of employer/group (if applicable) | 1 - | Policy/certification no. AL00006437 | | | | | |
|--|---|-------------------------------------|-------------------|-----------------|-----------------------------|--|--|
| Employee Name | | | | | Social security no. | | |
| PRIMARY RENEFICIARY(IES): Person or per | rsons who will receive the life insurance procee | eds unon v | our death. | | | | |
| Name | Date of birth | | | Social security | zv no. | | |
| | | | 1 [| | | | |
| Address | | Re | elationship t | to insured | % to be paid to beneficiary | | |
| Name | Date of birth | | | Social securit | | | |
| Address | | Re | elationship t | lo insured | % to be paid to beneficiary | | |
| Name | Date of birth | | | Social securit | | | |
| Address | | Rf | elationship t | to insured | % to be paid to beneficiary | | |
| proceeds will be paid to the Contingent bene Primary or Contingent beneficiaries. | If no percentages are indicated, the proceeds will neficiary(ies) listed below. Space is provided at the | e bottom of | the page if | you wish to nam | ne additional | | |
| | r persons who will receive the life insurance pro | oceeds if th | iere is no su | | <u> </u> | | |
| Name | Date of birth | I | | Social securit | y no. | | |
| | | | | | | | |
| Address | | Re | elationship t | to insured | % to be paid to beneficiary | | |
| Name | Date of birth | 1 | | Social securit | y no. | | |
| | | | | | | | |
| Address | | Re | elationship t | o insured | % to be paid to beneficiary | | |
| Name | Date of birth | | ' 1 | Social securit | y no. | | |
| Address | | Re | elationship t | to insured | % to be paid to beneficiar | | |
| Employee Signature | | | | Date sig | (ned (MM/DD/YYYY) | | |
| | | | | | | | |

Life Insurance **Beneficiary Designation Form - continued**

THE EMPLOYER **MUST** KEEP THIS FORM ON FILE.

BENEFICIARY DESIGNATIONS

DEFINITIONS:

The purpose of designating beneficiaries for this policy is to instruct Anthem Life Insurance Company (Anthem Life) exactly how you wish the proceeds of your policy/certificate to be paid upon your death. Therefore, please take a moment to read the examples below:

Person or persons to receive the Life Insurance proceeds upon the death of the Insured. If multiple Primary Beneficiaries are listed, death benefits are divided equally among all the living Primary Beneficiaries, unless otherwise stated.

CONTINGENT BENEFICIARY:

Person or persons to receive the Life Insurance proceeds when the Primary Beneficiary(ies) dies before the Insured. If multiple Contingent Beneficiaries are listed, death benefits are divided equally among all the living Contingent Beneficiaries, unless otherwise stated.

EXAMPLES OF CORRECT BENEFICIARY DESIGNATIONS:

Joe and Jane Smith – Father and Mother

George Jones - Friend

William E. Brown - Spouse

Donald C. White, Jane E. Smith, and Richard E. Beck - Children

If you choose the estate or a trust as beneficiary, see the following example beneficiary designation:

Insured's Estate: John Q. Smith – trustee under the Mary R. Smith Trust dated 01/02/2006.

Full given names of each beneficiary must be clearly stated.

NOTE: INSUREDS OF GROUP INSURANCE MAY NOT DESIGNATE THEIR EMPLOYER AS BENEFICIARY. Employees should make a copy to keep for their personal record. Employers need to keep original on file. For All Voluntary benefits, a legible copy *must* be sent to Anthem Life.

| ADDITIONAL BENEFICIARY(IES) | | | | | | | | | | | | |
|-----------------------------|---------------|--|--|-------------------------|-------------------------|-------------------------|---------------------|-----------------------------|-----------------------------|-----------------------------|--|--|
| PRIMARY | | | | | | | | | | | | |
| Name | Date of birth | | | | | | | | Social security no. | | | |
| | | | | I | | | | | 1 1 | | | |
| ddress | | | | Relationship to insured | | | | % to be paid to beneficiary | | | | |
| | | | | · | | | | | | | | |
| Name | Date of birth | | | | | | | Social securi | ty no. | | | |
| | | | | | | | | | 1 1 | | | |
| Address | | | | | | Relationship to insured | | | insured | % to be paid to beneficiary | | |
| | | | | | | | | | | | | |
| Name | Date of birth | | | | So | | Social security no. | | | | | |
| | | | | I | | | | | 1 1 | | | |
| Address | | | | | Relationship to insured | | | | % to be paid to beneficiary | | | |
| | | | | | | | | | | | | |
| CONTINGENT | | | | | | | | | | | | |
| Name | Date of birth | | | | | | | Social security no. | | | | |
| | | | | I | | | | | 1 1 | | | |
| Address | | | | | Relationship to insured | | | | % to be paid to beneficiary | | | |
| | | | | | | | | | | | | |
| Name | Date of birth | | | | | | | Social security no. | | | | |
| | | | | I | | | ı | | 1 1 | | | |
| Address | | | | | | Rela | tionsh | ip to | insured | % to be paid to beneficiary | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |