

BENEFICIARY DESIGNATION FORM

Name of Insured	Social Security No.	Name of Policyowner (if different)	Social Security No.	
Name of Employer/Group (if applicable) The State of New Hampshire		Effective Date Designation	Policy/Certification No. AL00002490	
<p>COVERAGE TYPE — The Beneficiary designation will apply to all death benefits for the individuals named, unless they designate otherwise by checking a specific coverage.</p> <p> <input type="checkbox"/> Basic Term Life <input type="checkbox"/> Basic AD&D <input type="checkbox"/> Supp. Life <input type="checkbox"/> Supp. AD&D <input type="checkbox"/> Voluntary Life <input type="checkbox"/> Voluntary AD&D <input type="checkbox"/> Whole Life/Conversion <input type="checkbox"/> ALL </p> <p>If you wish to designate different Beneficiaries for each benefit, you must complete a separate form for each, otherwise this designation shall apply to all benefits.</p>				
<p>PRIMARY BENEFICIARY(IES):</p> <p>In accordance with the provisions of the Policy and/or Certificate, I hereby request the benefits payable for loss of life to be issued as follows:</p>				
Name in Full	Relationship to Insured	Soc. Sec. No.	Date of Birth	Percentage*
Name in Full	Relationship to Insured	Soc. Sec. No.	Date of Birth	Percentage*
Name in Full	Relationship to Insured	Soc. Sec. No.	Date of Birth	Percentage*
				*Total percentage must add up to 100%
<p>CONTINGENT BENEFICIARY(IES):</p>				
Name in Full	Relationship to Insured	Soc. Sec. No.	Date of Birth	Percentage*
Name in Full	Relationship to Insured	Soc. Sec. No.	Date of Birth	Percentage*
Name in Full	Relationship to Insured	Soc. Sec. No.	Date of Birth	Percentage*
				*Total percentage must add up to 100%
<p>DEPENDENT LIFE BENEFICIARY(IES): (Applicable to Virginia Residents Only)</p>				
Name in Full	Relationship to Insured	Soc. Sec. No.	Date of Birth	Percentage*
Name in Full	Relationship to Insured	Soc. Sec. No.	Date of Birth	Percentage*
				*Total percentage must add up to 100%
<p>Except as otherwise directed herein, the death benefit of said Policy and/or Certificate shall be divided equally among all surviving persons who are named as Primary Beneficiaries, but if no Primary Beneficiary survives the Insured, then among all surviving persons who are named as Contingent Beneficiaries. If no Primary or Contingent Beneficiary survives, the net proceeds shall be paid according to the successive preference beneficiaries as outlined in the Policy and/or Certificate (if applicable) or the net proceeds shall be paid to the Policyowner or his/her estate.</p>				
<p>I hereby revoke all former beneficiary designations applicable to said Certificate, and I reserve the right to make further changes at any time, subject to the provisions of the Policy and/or Certificate.</p>				
Date Signed	Signature of Insured or Policyowner (2 Officers' signatures, with title, are required if corporate owned)			
Date Signed	Signature of Spouse (if not designated as Primary beneficiary and Residence is in Community Property State)			

