

DESIGNATION OF CONTINGENT BENEFICIARY(IES) – (PLEASE PRINT)

- These designations only apply if all primary beneficiary(ies) predecease the participant.
- If more than one beneficiary is designated, please indicate the percentage (%) each contingent beneficiary is to receive. **The total percentage for all contingent beneficiaries should equal 100%.**
- If any contingent beneficiary designated below predeceases the participant, the share which such contingent beneficiary would have received, shall be payable equally to the remaining contingent beneficiary or beneficiaries.
- If no contingent beneficiaries survive the participant, the remaining benefits will be payable to the participant’s estate.

Name:	_____	(First)	(Middle)	(Last)
Address:	_____	(Street)	(City)	(State) (ZIP)
Relationship:	_____			Date of Birth: _____ (Date)
Soc. Sec. No.:	_____			Share %: _____ Ex. 50%
	Ex. (999-99-9999)			

Name:	_____	(First)	(Middle)	(Last)
Address:	_____	(Street)	(City)	(State) (ZIP)
Relationship:	_____			Date of Birth: _____ (Date)
Soc. Sec. No.:	_____			Share %: _____ Ex. 50%
	Ex. (999-99-9999)			

NOTE: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the Company. Penalties may include imprisonment, fines and denial of annuity benefits.

I verify that the above information is complete and accurate. I understand that by making this beneficiary designation, I am revoking any and all prior beneficiary designations made by me.

SIGNATURE INFORMATION – (PLEASE PRINT AND SIGN)

X	X	
Participant’s Name	Participant’s Signature	Date