

Designation of Beneficiary

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| Policyholder | Policy Number(s) |
| Insured Name | Social Security Number |

I hereby designate the following as my beneficiary (ies) under the above policy number(s):

Primary Beneficiary(ies)

| Full Name and Address (Please Print) | Percentage* (Must total 100%) | Date of Birth | Relationship | Social Security Number |
|--------------------------------------|----------------------------------|---------------|--------------|------------------------|
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* If no percentages are indicated, benefits will be divided equally between all primary beneficiaries.

Contingent Beneficiary(ies) (applicable only if you are not survived by one or more primary beneficiaries)

| Full Name and Address (Please Print) | Percentage* (Must total 100%) | Date of Birth | Relationship | Social Security Number |
|--------------------------------------|----------------------------------|---------------|--------------|------------------------|
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* If no percentages are indicated, any benefits payable to contingent beneficiaries will be divided equally between all contingent beneficiaries.

- ◆ This beneficiary designation revokes all revocable prior beneficiary designations.
- ◆ Unless you indicate otherwise, if any beneficiary predeceases you, that beneficiary's share will be divided pro-rata among the surviving beneficiaries of the same class (primary or contingent).
- ◆ If no beneficiary (primary or contingent) survives you, payment will be made pursuant to the terms of the applicable policy.

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| Date | Signature of Insured |
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