AYX]WUʻ7c``Y[YʻcZK]gWcbg]bʻ5ZZ[`]UhYXʻ<cgd]hUʻgž⊨bWʻ ;fcidʻ@[ZYʻ=bgifUbWYʻʻ 6YbYZ]W]Ufm8Yg][bUh]cbʻ:cfaʻʻ

Á Á Á Á **±bZcfa Uf]cb** Á Á Á Á Á

Hc ˈgi Va]hiUfYj]gYX ; FCI D '@ + 9 '+BGI F5B79'69B9: -₹-5FM89G+, B5H+CB' : CFA.'

•Á 7 ca d`YhY'h\ Y'Uh'UW\ YX'; fci d'@[ZY'=bgi fUbWY'6 YbYZ]W]Ufm'8 Yg][bUh]cb': cfa '

•Á AU] "I\ Y'Wca d`YI\YXzg][bYXzUbX'XU\YX'Zcfa 'VUW_'lc.'"

A7 K5 < P; A9z",+\$%KUhYfhckbʻD`Ub_`FXžA]`kUi_YY`K≕)'&&*"```

CF"

6 m]bh/fcZZJWY a U] hc. A7 K 5 < P, A9 77 B ! wgh: ccf

•

-Zmci ˙UfYUXm\ Uj Y˙U; fci d˙@ZY˙6 YbYZJVJUfm8 Yg][bUh]cb˙: cfa ˙cb˙Zj`YžŪ˙˙df]cf˙ XYg][bUh]cb˙Zcfa g˙k j˙˙VY˙gi dYfWYXYX˙Vmh\ Y˙a cghfYWYbhmXUhYX˙Zcfa ˙fYWY]j YX˙]b˙h Y˙A 7 K 5 < P, A 9˙cZZJWY˙¨

A YX]WU '7 c``Y[YcZK]gWcbg]b '5 ZZ[`]UhYX'< cgd]hUgž ±bW'; fci d'@[ZY' ±bgi fUbWY'' 6 YbYZ|W[Ufm8 Yq][bUh]cb': cfa 'Á

Please type or print. Be sure to sign and date at the bottom of this form. A Insured's Name ☐ Single ☐ Married** Insured's Social Security # Insured's Marital Status: **Spousal consent is required if your spouse is not listed as a Primary Beneficiary for at least 50%. Df]a Ufm6 YbYZWJUfmf]YgL 'Ú^!•[} Á; IÁ,^!•[}•Á @ Á āļÁ^&^āç^Á@ ÆŠā^ÁQ•` læ} &^ÁU![&^^å•Á][} Á[` lÁå^ææ@ÆÁ ތ ÒÁŒÖÄÖÖÖÖÜÒÙÙKÁ ÜÒŠŒ/Œ/ÞÙPŒÁ/UÁŒ ÙWÜÒÖKÁ ÖCE/ÒÁJØÁÓÖÜVPÁÁ ÙUÔŒÛÒÔŒÞWTÓÒÜÆ ÁÖÖÖÞVŒÕÒÁUÁÓÒÁÚŒÖÁ VUÁ/PO)ÁÓÒÞÒØODEÜŸÁÁ ތ ÒÁŒÖÁŒÖÖÜÒÙÙKÁÁ ÜÒŠŒ/QJÞÙPQJÁ/UÁQÞÙWÜÒÖKÁÁ ÖCE/ÒÁJØÁÓÖÜVPÁÁ ÙU ÔĐÀ LÒ ÔĐÁ WT Ó Ò ỦÁ ÚÒÜÔÒÞ VŒÕÒÁ UÁÓÒÁÚŒÖÁ VUÁ/POÙÁÓÒÞÒØÓԌܟÁÁ ÜÒŠŒ⁄ŒJÞÙPŒJÁ/UÁŒÙWÜÒÖKÁ ތ ÒÁŒÐÖÁŒÖÖÜÒÙÙKÁ ÖCE/ÒÁJØÁÓQÜVPÁÁ ÙUÔÈÀÙÒÔÈÁÞWT ÓÒÜÁÁ ÚÒÜÔÒÞVŒÕÒÁ/UÁÓÒÁÚŒÖÁ VUÁ/POÙÁÓÒÞÒØÓԌܟÁÁ Â Total percentages should add up to 100%. If no percentages are indicated, the proceeds will be divided equally. If a Primary beneficiary dies before the Insured, that beneficiary's portion will be distributed proportionately to the surviving Primary beneficiary(ies). If no Primary beneficiary survives, proceeds will be paid to the Contingent beneficiary(ies) listed below. Use the back of this form is you wish to name additional Primary or Contingent beneficiaries and make a notation to "see back". 7 cbhb[Ybh6 YbYZ|W|Ufnf|YgŁ Á Ú^!•[}Á;!Á^!•[}•Á; @Á; ã]Á^&^ãç^Ás@ ÁŠã^ÁQ;•`!æ; &^ÁÚ![&^^啯;Á;@!^Æ;Á;Á;Á;Á;É;ã;ã; *ÁÚ!ã; æ;ÂÓ^}^a&ãæ;ÊÁ ތ ÒÁŒÖÁŒÖÜÜÒÙÙKÁÁ ÜÒŠŒVOUÞÙPOÚÁVUÁOÞÙWÜÒÖKÁÁ ÖCE/ÒÁJØÁÓÖÜVPÁÁ ÙUÔŒÙÒÔŒÞWTÓÒÜÆ ÚÒÜÔÒÞVŒÕÒÁ/UÁÓÒÁÚŒÖÁ VUÁ/PQ)ÁÓÒÞÒØQQEÜŸÁÁ ÃÃ ތ ÒÁŒ ÖÁŒÖÖÜÒÙÙKÁÁ ÜÒŠŒVOU ÞÙPOÚÁVU ÁOÞÙWÜÒÖKÁÁ ÖCE/ÒÁJØÁÓÖÜVPÁÁ ÙUÔŒÛÒÔŒÞWT ÓÒÜÁ ÚÒÜÔÒÞVŒÕÒÁ/UÁÓÒÁÚŒÖÁ VUÁ/POÙÁÓÒÞÒØÓԌܟÁÁ INSURED'S SIGNATURE DATE SIGNED

DATE SIGNED

**SPOUSE SIGNATURE