

Life and AD&D Insurance Beneficiary Designation

Employee Last Name	First Name	Middle Initial	Social Security No.
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If your designation does not fit into one of the sections below, please contact your HR representative or Continental American Insurance Company (the "Company") for assistance. Please return your completed Beneficiary Designation form to your Agent or Employer.

Please complete only one of the four sections below and then sign and date the bottom of this page. Please read the second page and supply the information requested if you chose #1 ("Individual(s)") on this page.

<input type="checkbox"/> 1. INDIVIDUAL(S)				
PRIMARY BENEFICIARY(IES)	All beneficiaries in this section will be considered primary. Proceeds will be paid in equal shares to primary beneficiaries who survive you unless you indicate percentages. Percentages must equal 100%.			
NAME	DATE of BIRTH	SSN	RELATIONSHIP	PERCENTAGE
1.				
2.				
3.				
SECONDARY BENEFICIARY(IES)	All beneficiaries in this section will be considered secondary. If no primary beneficiaries survive you, proceeds will be paid to the surviving secondary beneficiaries named in this section. Payment will be paid in equal shares unless you indicate percentages. Percentages must equal 100%.			
NAME	DATE of BIRTH	SSN	RELATIONSHIP	PERCENTAGE
1.				
2.				
3.				

<input type="checkbox"/> 2. TRUSTEE UNDER TRUST AGREEMENT
To _____ NAME OF TRUSTEE
of _____, or successor, as trustee under a trust CITY STATE
agreement of _____ NAME OF SETTLOR, GRANTOR, DONOR
Dated _____, as amended.

<input type="checkbox"/> 3. TRUSTEE UNDER WILL
To the trustee under my last will and testament, including any codicil thereto

<input type="checkbox"/> 4. ESTATE OF INSURED
To the executors or administrators of my estate

ANY AMOUNT OF INSURANCE PAYABLE AT MY DEATH SHALL BE PAYABLE AS INDICATED ABOVE

Signature _____ Date _____