



BENEFICIARY FORM

PLEASE TYPE OR PRINT WITH BALLPOINT PEN.

New Change

| | | | | | |
|-------------------------|-------|----------------|---|----------------------------------|---|
| NAME OF EMPLOYEE — LAST | FIRST | MIDDLE INITIAL | SEX M <input type="checkbox"/> F <input type="checkbox"/> | DATE OF BIRTH MO / DAY / YEAR | DATE OF HIRE (FULL TIME) MO / DAY / YEAR |
|-------------------------|-------|----------------|---|----------------------------------|---|

SOCIAL SECURITY NO. (THIS IS YOUR CERTIFICATE NO.)

| | | |
|----------|-----------|--------|
| EMPLOYER | GROUP NO. | AGENCY |
|----------|-----------|--------|

If two or more primary beneficiaries are named, and you do not list benefit percentages, proceeds will be paid in equal shares to the named primary beneficiaries who survive you. If no primary beneficiary survives you, proceeds will be paid to the contingent beneficiary(ies). If you list benefit percentages, the total must equal 100%. SEE BELOW FOR DETAILS.

| First Name | Last Name | Date of Birth | Social Security Number | Relationship | Benefit % |
|------------|-----------|-----------------|------------------------|--------------|-----------|
| Primary | | MO / DAY / YEAR | | | % |
| Primary | | MO / DAY / YEAR | | | % |
| Contingent | | MO / DAY / YEAR | | | % |
| Contingent | | MO / DAY / YEAR | | | % |

WARNING: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud. (ORC §3999.21)

SIGNATURE OF EMPLOYEE OR MEMBER _____

DATE SIGNED MO / DAY / YEAR

| |
|---|
| FOR FDL USE ONLY Effective Date / / |
|---|

Primary Beneficiary: The primary beneficiary is the person(s) you name to receive death benefits. You may name more than one beneficiary. **If you specify benefit percentages, the total must equal 100%.**

If you do not specify benefit percentages, proceeds will be paid in equal shares to the primary beneficiaries who survive you.

Contingent Beneficiary: The contingent beneficiary is the person(s) you name to receive death benefits if no primary beneficiary survives you. **If you specify benefit percentages, the total must equal 100%.**

No Beneficiary: If you do not name a beneficiary, or if no beneficiary survives you, we will pay death benefits in the order of survivorship shown in your group certificate.