

BENEFICIARY DESIGNATION OR CHANGE AUTHORIZATION

INSTRUCTIONS FOR EMPLOYER:

- 1) Please verify that all spaces are completed in full.
- 2) Please validate this card once the beneficiary change is completed.
- 3) **Please keep this card with the original enrollment record in the employer's personnel file (to be submitted with life claim).**
- 4) Questions should be referred to LifeWise Assurance Company.

Subject to the terms of my Group Insurance Policy, I hereby designate or amend and revoke any former beneficiary named by me, and I now designate as Beneficiary:

NAME (Last, First, Middle Initial)	RELATIONSHIP
ADDRESS (Street, City, State, ZIP)	
NAME (Last, First, Middle Initial)	RELATIONSHIP
ADDRESS (Street, City, State, ZIP)	

If two beneficiaries are to share jointly, the last name entered should be followed by the words, "equally or to the survivor," if three or more beneficiaries are to share jointly the last name entered should be followed by the words "the survivor or survivors equally." If the interest of one beneficiary is to be contingent to the interest of another, after the name of the first beneficiary the following words should be placed, "if living, otherwise to."

In Community Property states, 50% of the payable benefits will be paid to the spouse unless the spouse signs a statement waiving the right to the proceeds.

All information not already given as to the full name, and relationship of the proposed beneficiary should be filled in. If the proposed beneficiary is a married woman, her own given names must be furnished, not those of her husband.

Example: "Jones, Helen Louise" - not "Mrs. H.L. Jones")

EMPLOYEE SIGNATURE	DATE
EMPLOYEE NAME (Please Print)	
GROUP POLICY NUMBER	EMPLOYEE SOCIAL SECURITY NUMBER - -