

# Beneficiary Designation Form

**Instructions: Complete this form to designate a beneficiary and contingent (secondary) beneficiary. Include full proper name, address, phone number, and relationship of proposed beneficiary (s). If no designated beneficiary survives the Insured, settlement will be made to the estate of the Insured. If more than one beneficiary/contingent is designated, then proceeds will be divided equally.**

## **Primary Beneficiary Listing:**

Name:	Name:
Address:	Address:
City, State, Zip:	City, State, Zip:
Phone #:	Phone #:
Relationship:	Relationship:

Name:	Name:
Address:	Address:
City, State, Zip:	City, State, Zip:
Phone #:	Phone #:
Relationship:	Relationship:

## **Contingent (secondary) Listing:**

Name:	Name:
Address:	Address:
City, State, Zip:	City, State, Zip:
Phone #:	Phone #:
Relationship:	Relationship:

Name:	Name:
Address:	Address:
City, State, Zip:	City, State, Zip:
Phone #:	Phone #:
Relationship:	Relationship:

You may add additional Primary or Contingent Beneficiaries on the back of this form. You must indicate "P" for Primary or "C" for Contingent for each person.