BENEFICIARY DESIGNATION FORM

Life Insurance Company of North America



Employer Name	Glendale Community College					
Employee Name	Employee Social Security #					
Current Address		City	State	Zip		
Home Phone	Work Phone	please enter	· all dates in mm/	/dd/yyyy format.		
beneficiaries in equal share beneficiaries. If you design surviving contingent benefic	teneficiaries – Unless you designate s. Proceeds are paid to contingent be ate contingent beneficiaries and do no idea in equal shares. Unless otherworoportionately among the surviving be	neficiaries only when the ot designate percentages ise provided, the share o eneficiaries in the respect	re are no survivi , proceeds are p f a beneficiary w tive category (pr	ng primary aid to the tho dies before		
Basic Life Insurance, Li	fe Insurance Company of North Am	erica - Policy No	LX 964413			
Employee's Primary Beneficiary(ies): Relationship	SS #	Date of Birth	% (total must equal 100%)		
Contingent(s):	Relationship	SS #	Date of Birth	% (total must equal 100%)		
Basic Accident Insuran	ce, Life Insurance Company of Nort	h America - Policy No	OK 966008			
Employee's Primary Beneficiary(ies): Relationship	SS #	Date of Birth	% (total must equal 100%)		
Contingent(s):	Relationship	SS #	Date of Birth	% (total must equal 100%)		
Louisiana, Nevada, New beneficiary, it is possible beneficiary designation.	aws - If you are married, reside in a Mexico, Texas, Washington or Wiscon that payment of benefits may be de	nsin), and name someon- layed or disputed unless	e other than you your spouse al	ır spouse as 📗		
Owner Signature			Date_			

Please refer to page 2 to review *Guidelines for Designation of Beneficiaries*. If you need additional space, using the above format, attach a separate piece of paper with the appropriate policy number, the date, and your signature.

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Employee Name	Employee Social Security #					
Current Address		City	State	Zip		
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beneficiaries in equal shares. beneficiaries. If you designate surviving contingent beneficia the insured will be divided procontingent).	neficiaries – Unless you desig Proceeds are paid to continge e contingent beneficiaries and ries in equal shares. Unless of portionately among the survivi	ent beneficiaries only who do not designate percer therwise provided, the sh ing beneficiaries in the re	en there are no survivintages, proceeds are phare of a beneficiary wespective category (pr	ing primary paid to the rho dies before imary or		
Voluntary Term Life Insura	ance, Life Insurance Compan	y of North America - Po	olicy No. <u>FLX 964413</u>	}		
Employee's Primary Beneficiary(ies	Relationship to Employ	ee Social Security Num	Date nber of Birth	% (total must equal 100%)		
Employee's Contingent Beneficiary	(ies): Relationship to Employ	ee Social Security Num	Date nber of Birth	% (total must equal 100%)		
If you need additional space policy number, the date and	, using the above format, ple your signature.	ease attach a separate		he appropriate		
Louisiana, Nevada, New M beneficiary, payment of bene	rs - If you are married, reside exico, Texas, Washington or Wefits may be delayed or dispute	Visconsin), and name so d unless your spouse als	omeone other than you o signs the beneficiary	ır spouse as		
Language and the state of the s						
Owner Signature			Date_			
General - Please he sure to inc	clude the beneficiary's full nam	e social security number	and relationship to you	u Providina this		

General - Please be sure to include the beneficiary's full name, social security number and relationship to you. Providing this information can help expedite the claim process by making it easier to locate and verify beneficiaries.

Minors - While you may designate minors as beneficiaries, please note that claim payments may be delayed due to special issues raised by these designations. In the event of a claim and the beneficiary is a minor child, the insurance proceeds will not be released to the minor child. The insurance proceeds may be paid to a duly appointed guardian of the child's estate. You may want to obtain the assistance of an attorney in drafting your beneficiary designation.

Trust as Beneficiary - You may designate a trust as beneficiary, using the following form: "To [name of trustee], trustee of the [name of trust], under a trust agreement dated [date of trust]."

If you wish to designate a testamentary trust as beneficiary (i.e., one created by will), you should recognize the possibility that your will which was intended to create this trust may not be admitted to probate (because it is lost, contested, or superseded by a later will). Claim payment delays can result if the beneficiary designation doesn't provide for this situation.

Life Status Changes - We recommend that you review your beneficiary designation when significant life status events occur, such as marriage, divorce, or birth of a child.

See an Attorney! The above guidelines are general and are not intended to be relied on as legal advice. Unless your designation is a simple one, we recommend that you obtain the assistance of an attorney in drafting your beneficiary designation. A qualified attorney can help assure that your beneficiary designation correctly reflects your intentions, is clear and unambiguous, and meets legal requirements.

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Employee Name	Employee Social Security #					
Current Address		City	State	Zip		
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Primary and Contingent Beneficiari beneficiaries in equal shares. Proceed beneficiaries. If you designate conting surviving contingent beneficiaries in each einsured will be divided proportions contingent).	ds are paid to contingent be gent beneficiaries and do no qual shares. Unless otherw tely among the surviving be	eneficiaries only when the ot designate percentages rise provided, the share of eneficiaries in the respect	re are no survivi , proceeds are p f a beneficiary w ive category (pr	ing primary paid to the rho dies before imary or		
Voluntary Accident Insurance, Lit	e Insurance Company of I	North America - Policy N				
Employee's Primary Beneficiary(ies):	Relationship to Employee	Social Security Number	Date of Birth	% (total must equal 100%)		
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If you need additional space, using policy number, the date and your si		attach a separate piece	of paper with t	he appropriate		
Community Property Laws - If y Louisiana, Nevada, New Mexico, To beneficiary, payment of benefits may Spouse Signature	exas, Washington or Wisco be delayed or disputed unlo	nsin), and name someone ess your spouse also signs	e other than you s the beneficiary	ır spouse as 📙		
Owner Signature			Date_			
General - Please be sure to include the	e beneficiary's full name, so	cial security number and re	elationship to vo	u. Providing this		

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