Standard Insurance Company

This designation will apply to the following Standard Insurance Company coverage(s) if available to you through your Employer: Life Insurance, Life with Accidental Death & Dismemberment (AD&D) Insurance, AD&D Insurance and, unless specified otherwise on a separate signed sheet of paper, Supplemental Life Insurance.

Designations made below, or on a separate sheet of paper, are not valid unless signed, dated, and delivered to your Employer during your lifetime. Return the completed form to your Human Resources Department.

M	EMBER/EMPLOYEE INF	ORMATION				* * 8	
Your Name (Last, First, Middle)					Date of Birth		
Yo	our Address						
City			[5	State	Zip	- 17 di din p	
Gr	oup Name			Group No.			
BI	ENEFICIARY INFORMAT	ION	·				
0	Your designation revokes	all prior designations.					
0	Benefits are payable to a contingent Beneficiary only if you are not survived by one or more primary Beneficiaries,						
0	If you name two or more Beneficiaries in a class (primary or contingent), two or more surviving Beneficiaries will share equally, unless you provide for unequal shares.						
	legal representative appoin	nted by the court before any deanst be identified in the Beneficiary	ne Beneficiary, it may be necessary to have a guardian or a death benefit can be paid. If the Beneficiary is a trust or clary designation. For example, "Dorothy Q. Smith, Trustee				
0	A power of attorney must grant specific authority, by the terms of the document or applicable law, to make or change a Beneficiary designation. If you have questions, consult your legal advisor.						
0	Dependents Insurance and Supplemental Life Insurance on your Spouse, if any, is payable to you, if living, or as provided under your Employer's coverage under the Group Policy.						
o	If you complete the "% of Benefit" box(es), the amounts should add up to 100% for each class (primary contingent). For example, "Primary - John Q. Doe, 60%; Jane Q. Doe, 40%."						
	PRIMARY – Full Name	Address	Date of Birth	Phone No.	Relationship	% of Benefit	
						% of	
CONTINGENT - Full Name		Address	Date of Birth	Phone No.	Relationship		
						-	
	,						
_	0.24 1 77 1						
S	ignature of Member/Employee		Date				

Beneficiary Information

- Your designation revokes all prior designations.
- Benefits are only payable to a contingent Beneficiary if you are not survived by one or more primary Beneficiary(ies).
- If you name two or more Beneficiaries in a class:
 - 1. Two or more surviving Beneficiaries will share equally, unless you provide for unequal shares.
 - 2. If you provide for unequal shares in a class, and two or more Beneficiaries in that class survive, we will pay each surviving Beneficiary his or her designated share. Unless you provide otherwise, we will then pay the share(s) otherwise due to any deceased Beneficiary(ies) to the surviving Beneficiaries pro rata based on the relationship that the designated percentage or fractional share of each surviving Beneficiary bears to the total shares of all surviving Beneficiaries.
 - 3. If only one Beneficiary in a class survives, we will pay the total death benefits to that Beneficiary.
- A power of attorney must grant specific authority, by the terms of the document or applicable law, to make or change a Beneficiary designation. If you have questions, consult your legal advisor.
- Dependents Insurance, if any, is payable to you, if living, or as provided under your Employer's coverage under the Group Policy.