

Instructions

- Please type or print clearly with a ball-point pen.
- If you make a mistake on this form, please cross it out and initial the error. Do not use any form of correction fluid, including correction tape, film or pens.
- All sections must be completed for processing.
- **You must sign and date for the beneficiary designation or change to be valid.**
- This beneficiary designation cancels all prior designations. (See page 2 for additional information.)

Please mail **original** completed form to: **Standard Insurance Company, PO Box 3160, Honolulu HI 96802**

Please check one: Beneficiary Designation Beneficiary Change

Participant and Plan Information

Your Name (Last, First, Middle)	Participant Type <input type="checkbox"/> Active <input type="checkbox"/> Retiree	Social Security Number	Date of Birth
Your Mailing Address	City	State	Zip
Group Name Hawaii Employer-Union Health Benefits Trust Fund		Group Number 645545	

Beneficiary Examples – Before designating a beneficiary, please see the examples below.

Two Primary Beneficiaries:				
Peter Smith	60%	77 America St, Anytown, USA 77777	000-00-7777	Husband
Anna Smith	40%	777 USA St, Anytown, USA 77777	000-00-7899	Daughter
One Primary & One Contingent Beneficiaries:				
Primary: Peter Smith	100%	77 America St, Anytown, USA 77777	000-00-7777	Husband
Contingent: Quincy Smith	100%	789 Tree St, Anytown, USA 77777	000-00-7900	Son
Three Primary or Three Contingent Beneficiaries:				
Peter Smith	33%	77 America St, Anytown, USA 77777	000-00-7777	Husband
Anna Smith	33%	777 USA St, Anytown, USA 77777	000-00-7899	Daughter
Quincy Smith	34%	789 Tree St, Anytown, USA 77777	000-00-7900	Son

Beneficiary Designation

This designation applies to Basic Life/AD&D and Voluntary Life insurance under the Group Insurance Policy. Designations are not valid unless signed, dated, and delivered to Standard Insurance Company during your lifetime. See page 2 for further beneficiary information.

IMPORTANT – Total percentages for Primary or Contingent, if any, must equal 100%.

Primary – Full Name	% of Benefit	Address/Phone	Soc. Sec. No.	Relationship

Contingent – Full Name	% of Benefit	Address/Phone	Soc. Sec. No.	Relationship

X _____ Date

Signature of Participant

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.
- Dependents Insurance, if any, is payable to you, if living, or as provided under your Employer's coverage under the Group Policy.
- If a minor (a person not of legal age), or your estate, is the Beneficiary, it may be necessary to have a guardian or a legal representative appointed by the court before any death benefit can be paid. If the Beneficiary is a trust or trustee, the written trust must be identified in the Beneficiary designation. For example, "Dorothy Q. Smith, Trustee under the trust agreement dated _____."
- 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.