

This designation will apply to Life with Accidental Death & Dismemberment (AD&D) Insurance through Standard Insurance Company.

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

**MEMBER/EMPLOYEE INFORMATION**

|                                    |                            |     |
|------------------------------------|----------------------------|-----|
| Your Name (Last, First, Middle)    | Date of Birth              |     |
| Your Address                       |                            |     |
| City                               | State                      | ZIP |
| Group Name<br><b>State of Iowa</b> | Group No.<br><b>754414</b> |     |

**BENEFICIARY INFORMATION**

- Your designation revokes all prior designations.
- Benefits are payable to a contingent Beneficiary only if you are not survived by one or more primary Beneficiaries.
- 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.

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.
- If you complete the "% of Benefit" box(es), the amounts should add up to 100% for each class (primary or contingent). For example, "Primary - John Q. Doe, 60%; Jane Q. Doe, 40%."

| PRIMARY – Full Name | Address | Date of Birth | Phone No. | Relationship | % of Benefit |
|---------------------|---------|---------------|-----------|--------------|--------------|
|                     |         |               |           |              |              |
|                     |         |               |           |              |              |

  

| CONTINGENT – Full Name | Address | Date of Birth | Phone No. | Relationship | % of Benefit |
|------------------------|---------|---------------|-----------|--------------|--------------|
|                        |         |               |           |              |              |
|                        |         |               |           |              |              |

|                              |      |
|------------------------------|------|
| Signature of Member/Employee | Date |
|------------------------------|------|