Life Insurance
Beneficiary Designation Form

The employer **must** keep this form on file.

Section 1: General information

Name of employer/group (if applicable)	Policy/Certification no.
Name of insured	Social Security no.
Name of policyholder (if different)	Social Security no.

If you live in a state with marital or community property laws, and your spouse (husband or wife) is not listed as a primary beneficiary for at least 50% of this life insurance policy, then your spouse must consent by signing below.

Section 2: Beneficiary designation — Attach a separate sheet if necessary.

Beneficiary type	Name of beneficiary	Percentage %	Social Security no.	Relationship to applicant	Date of birth
☐ Primary ☐ Contingent	Street address	City		State / ZIP code	Phone no.
Beneficiary type	Name of beneficiary	Percentage %	Social Security no.	Relationship to applicant	Date of birth
☐ Primary ☐ Contingent	Street address	City		State / ZIP code	Phone no.
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Total percentages must add up to 100%. If the total percentages add to up less than 100%, the remaining percentage will be paid in equal shares to all named beneficiaries to total 100%. If the total percentages add to up more than 100%, each named beneficiary's share will be reduced equally to total 100%. If no percentages are indicated, the proceeds will be divided equally. If no primary beneficiary survives, the proceeds will be paid to the contingent beneficiary(ies) listed above. Beneficiaries may be changed by the insured's written notice to his or her employer.

If you live in AZ, CA, ID, LA, NM, NV, TX, WA, WI and your spouse is not 50% or more beneficiary, your spouse needs to sign below. In CA, NV, and WA, Spouse also includes your registered Domestic Partner. Spousal Consent For Community Property States Only (Note: The insurance company is not responsible for the validity of a spouse consent for designation.) If you live in a community property state (AZ, CA, ID, LA, NM, NV, TX, WA and WI), your state may require you to obtain the signature of your Spouse if your Spouse will not be named as a primary beneficiary for 50% or more of your benefit amount. Please have your Spouse read and sign the following.

Spouse Authorization, if applicable
I am aware that my Spouse, the Employee/Retiree named above, has designated someone other than me to be the beneficiary of group life insurance under the above policy. I hereby consent to such designation and waive any rights I may have to the proceeds of such insurance under applicable community property laws. I understand that this consent and waiver supersedes any prior spousal consent or waiver under this plan.

Spouse sign here to waive community property rights	Spouse signature X	Spouse name	Date (MMDDYYYY)

Section 3: Signature

Signature of insured or policyowner (2 officers' signatures, with title, are required if corporate owned)	Date signed (MMDDYYYY)
X	

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Si usted necesita ayuda en Español para entender este documento, puede solicitarlo sin ningun costo adicional llamando al número de servicio al cliente que se encuentra en este documento.

‡ The Standard is a marketing name for StanCorp Financial Group, Inc. and subsidiaries. Insurance products are offered by Standard Insurance Company of Portland, Oregon, in all states except New York, where insurance products are offered by The Standard Life Insurance Company of New York of White Plains, New York.

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Beneficiary designations

Below, "Insurer" refers to the insurance company of your group life plan: Standard Insurance Company, The Standard Life Insurance Company of New York**.**

Definitions:

The purpose of designating beneficiaries for this policy is to tell the Insurer exactly how you wish the proceeds of your policy/certificate to be paid upon your death. Therefore, please take a moment to read the examples below:

Primary Beneficiary:

Person or persons to receive the Life Insurance proceeds upon the death of the Insured. If more than one Primary Beneficiary is listed, death benefits are divided equally among all the living Primary Beneficiaries, unless otherwise stated.

Contingent Beneficiary:

Person or persons to receive the Life Insurance proceeds when the Primary Beneficiary(ies) dies before the Insured. If more than one Contingent Beneficiary is listed, death benefits are divided equally among all the living Contingent Beneficiaries, unless otherwise stated.

Examples of correct beneficiary designations:

Joe and Jane Smith — Father and Mother

William E. Brown — Spouse

George Jones — Friend

Donald C. White, Jane E. Smith, and Richard E. Beck — Children

If you choose the estate or a trust as your beneficiary, see the following example beneficiary designation:

Insured's estate: John Q. Smith –- trustee under the Mary R. Smith Trust dated 01/02/2006.

Full given names of each beneficiary must be clearly stated.

Note: Insureds of group insurance may not designate their employer as beneficiary. Employees should make a copy to keep for their personal records. Employers need to keep original on file. For all Voluntary benefits, a legible copy must be sent to the Insurer.

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