

BENEFICIARY DESIGNATION FORM



Name of Insured		Social Security No.	Name of Policy Owner (if different)		Social Security No.																																																							
Name of Employer/Group (if applicable) The State of New Hampshire			Effective Date Designation	Policy/Certification No. AL00002490																																																								
COVERAGE TYPE — The Beneficiary designation will apply to all death benefits for the individuals named, unless they designate otherwise by checking a specific coverage. <input type="checkbox"/> Basic Term Life <input type="checkbox"/> Basic AD&D <input type="checkbox"/> Supp. Life <input type="checkbox"/> Voluntary Life <input type="checkbox"/> Voluntary AD&D <input type="checkbox"/> Whole Life/Conversion <input type="checkbox"/> ALL If you wish to designate different Beneficiaries for each benefit, you must complete a separate form for each; otherwise this designation shall apply to all benefits. PRIMARY BENEFICIARY(IES): (PLEASE PRINT THE FULL GIVEN NAMES OF EACH BENEFICIARY CLEARLY.) In accordance with the provisions of the Policy and/or Certificate, I hereby request the benefits payable for loss of life to be issued as follows: <table border="1"><thead><tr><th>Name in Full</th><th>Relationship to Insured</th><th>Soc. Sec. No.</th><th>Date of Birth</th><th>Percentage*</th></tr></thead><tbody><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr></tbody></table> <p style="text-align: right;">*Total percentage must add up to 100%</p> CONTINGENT BENEFICIARY(IES): (PLEASE PRINT THE FULL GIVEN NAMES OF EACH BENEFICIARY CLEARLY.) <table border="1"><thead><tr><th>Name in Full</th><th>Relationship to Insured</th><th>Soc. Sec. No.</th><th>Date of Birth</th><th>Percentage*</th></tr></thead><tbody><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr></tbody></table> <p style="text-align: right;">*Total percentage must add up to 100%</p> DEPENDENT LIFE BENEFICIARY(IES): (Applicable to Virginia Residents Only) <table border="1"><thead><tr><th>Name in Full</th><th>Relationship to Insured</th><th>Soc. Sec. No.</th><th>Date of Birth</th><th>Percentage*</th></tr></thead><tbody><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr></tbody></table> <p style="text-align: right;">*Total percentage must add up to 100%</p> Except as otherwise directed herein, the death benefit of said Policy and/or Certificate shall be divided equally among all surviving persons who are named as Primary Beneficiaries, but if no Primary Beneficiary survives the Insured, then among all surviving persons who are named as Contingent Beneficiaries. If no Primary or Contingent Beneficiary survives, the net proceeds shall be paid according to the successive preference beneficiaries as outlined in the Policy and/or Certificate (if applicable) or the net proceeds shall be paid to the Policy Owner or his/her estate. I hereby revoke all former beneficiary designations applicable to said Certificate, and I reserve the right to make further changes at any time, subject to the provisions of the Policy and/or Certificate.						Name in Full	Relationship to Insured	Soc. Sec. No.	Date of Birth	Percentage*																Name in Full	Relationship to Insured	Soc. Sec. No.	Date of Birth	Percentage*																Name in Full	Relationship to Insured	Soc. Sec. No.	Date of Birth	Percentage*										
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Date Signed	Signature of Insured or Policy Owner (2 Officers' signatures, with title, are required if corporate owned)																																																											
Date Signed	Signature of Spouse (if not designated as Primary beneficiary and Residence is in Community Property State)																																																											

BENEFICIARY DESIGNATION

DEFINITIONS:

The purpose of designating beneficiaries for this policy is to instruct Anthem Life 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 multiple Primary Beneficiaries are 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 multiple Contingent Beneficiaries are listed, death benefits are divided equally among all the living Contingent Beneficiaries, unless otherwise stated.

MINOR CHILDREN AS BENEFICIARIES:

Please be aware that if a benefit is payable to a minor, the Claim for Death Benefits must be signed and furnished by the legal conservator/guardian of the estate of such person and Letters of Conservatorship/Guardianship issued by the court **must** be furnished.

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

NOTE: INSUREDS OF GROUP INSURANCE MAY **NOT** DESIGNATE THEIR EMPLOYER AS BENEFICIARY

GENERAL INFORMATION

1. Settlement Options: To request settlement options other than a lump sum payment, write a separate letter setting forth the method of payment desired. Do not give such information on this form.
2. Community Property: The insurance may be subject to community property rights or other interests. Unless those who have such rights or interests consent to this beneficiary designation, the Company may be prevented from carrying out the directions contained in this request.

**IMPORTANT: Employees should make a copy to keep for their personal record.
Employers should keep the original form on file.**

BENEFICIARY ADDRESS INFORMATION (Optional)

<u>Beneficiary Name</u>	<u>Street Address</u>	<u>City</u>	<u>State</u>	<u>Zip Code</u>	<u>Country</u>