



GROUP TERM LIFE INSURANCE BENEFICIARY FORM

Employee/Retiree Name (please print)

Social Security Number

Employee/Retiree ID#

Please return the completed form to the Employee Benefits Division of the Personnel Department:
420 West Main, Suite 110, Oklahoma City, OK 73102.

You may cancel or change your beneficiary(ies) at any time by sending a revised form to Employee Benefits Division at the address listed above. Beneficiaries are considered primary unless specified as contingent. If two or more primary beneficiaries are named, and you do not list benefit percentages, proceeds will be paid in equal shares to the named primary beneficiaries who survive you. If no primary beneficiary survives you, proceeds will be paid to the contingent beneficiary(ies). If you list benefit percentages, the total must equal 100% for the primary beneficiaries listed and 100% for the contingent beneficiaries listed. (Employee is the beneficiary of proceeds from spouse or child coverage)

BENEFICIARY DESIGNATION:

_____ Primary Beneficiary	_____ Contingent Beneficiary	_____ Percentage of Benefit	
Beneficiary Name	Telephone Number	Relationship to Employee	Date of Birth
Address, City, State , Zip Code		Email (optional)	

_____ Primary Beneficiary	_____ Contingent Beneficiary	_____ Percentage of Benefit	
Beneficiary Name	Telephone Number	Relationship to Employee	Date of Birth
Address, City, State , Zip Code		Email (optional)	

_____ Primary Beneficiary	_____ Contingent Beneficiary	_____ Percentage of Benefit	
Beneficiary Name	Telephone Number	Relationship to Employee	Date of Birth
Address, City, State , Zip Code		Email (optional)	

(If necessary, use additional forms to name more beneficiaries but label as page ____ of ____.)

Employee/Retiree Signature

Date

IMPORTANT NOTE FOR MARRIED EMPLOYEES THAT RESIDE IN AZ, CA, ID, LA, NV, NM, TX, WA, or WI: If you reside in AZ, CA, ID, LA, NV, NM, TX, WA, or WI, you may name someone other than your spouse as primary beneficiary. However, payment of benefits may be delayed or disputed unless your spouse consents to waive his or her rights to any community property interest in the benefits. We have provided below a "Spousal Consent for Community Property States" for your spouse's signature. **DEARBORN NATIONAL WILL NOT BE HELD LIABLE FOR DAMAGES DUE TO ANY DELAY OR DISPUTE INPAYMENT OF BENEFITS IF YOU CHOOSE NOT TO OBTAIN YOUR SPOUSE'S SIGNATURE.**

SPOUSAL CONSENT FOR COMMUNITY PROPERTY STATES: I hereby consent to the Primary Beneficiary designated by my spouse. That consent supersedes any prior spousal consent I may have given under this plan.

Spouse Signature

Date

Employee/Retiree has no legal spouse