Life Insurance
Beneficiary Designation Form

UniCare®

THE EMPLOYER MUST KEEP THIS FORM ON FILE.

Name of employer/group (if applicable) Troy University	Policy/certification no. 131433
Name of insured	Social security no.
Name of policyowner (if different)	Social security no.

If you reside in a state with Marital or Community Property Laws, spousal consent is required if your spouse is not listed as a Primary Beneficiary for at least 50%.

PRIMARY BENEFICIARY(IES): Person or persons who will receive the life insurance proceeds upon your death.

Name	Date of birth	Social security no.
Address	Relationship to insured	% to be paid to beneficiary
Name	Date of birth	Social security no.
Address	Relationship to insured	% to be paid to beneficiary
Name	Date of birth	Social security no.
Address	Relationship to insured	% to be paid to beneficiary

Total percentages should add up to 100%. If no percentages are indicated, the proceeds will be divided equally. If no Primary beneficiary survives, proceeds will be paid to the Contingent beneficiary(ies) listed below. Space is provided at the bottom of the page if you wish to name additional Primary or Contingent beneficiaries.

CONTINGENT BENEFICIARY(IES): Person or persons who will receive the life insurance proceeds if there is no surviving primary beneficiary.

Name	Date of birth	Social security no.
Address	Relationship to insured	% to be paid to beneficiary
Name	Date of birth	Social security no.
Address	Relationship to insured	% to be paid to beneficiary
Name	Date of birth	Social security no.
Address	Relationship to insured	% to be paid to beneficiary

Signature of insured or policyowner (2 officers' signatures, with title, are required if corporate owned) **X**	Date signed (MM/DD/YYYY)
Signature of spouse (if not designated as primary beneficiary and residence is in community property state) **X**	Date signed (MM/DD/YYYY)

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.

Life Insurance

Beneficiary Designation Form — continued

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BENEFICIARY DESIGNATIONS

DEFINITIONS:
The purpose of designating beneficiaries for this policy is to instruct Unicare Life & Health Insurance Company 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.

EXAMPLES OF CORRECT BENEFICIARY DESIGNATIONS:

Joe and Jane Smith — Father and Mother	George Jones — Friend
William E. Brown — Spouse	Donald C. White, Jane E. Smith, and Richard E. Beck — Children

If you choose the estate or a trust as 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 record. Employers need to keep original on file. For All Voluntary benefits, a legible copy ***must*** be sent to Unicare Life & Health Insurance Company.

ADDITIONAL BENEFICIARY(IES)

PRIMARY

Name	Date of birth	Social security no.
Address	Relationship to insured	% to be paid to beneficiary
Name	Date of birth	Social security no.
Address	Relationship to insured	% to be paid to beneficiary
Name	Date of birth	Social security no.
Address	Relationship to insured	% to be paid to beneficiary

CONTINGENT

Name	Date of birth	Social security no.
Address	Relationship to insured	% to be paid to beneficiary
Name	Date of birth	Social security no.
Address	Relationship to insured	% to be paid to beneficiary