

BENEFICIARY DESIGNATION

BENEFICIARY- LIFE INSURANCE- STANDARD INSURANCE CO. (\$20,000 CL/CE or \$50,000 Leadership Team)			
<p>Please complete an attached list if you want to name more persons than provided for on this form.</p>	NAME OF BENEFICIARY (LAST, FIRST, MI)	SOCIAL SECURITY #	RELATIONSHIP TO EMPLOYEE
	ADDRESS OF BENEFICIARY (STREET/CITY/STATE/ZIP CODE)		% OF BENEFIT
	NAME OF BENEFICIARY (LAST, FIRST, MI)	SOCIAL SECURITY #	RELATIONSHIP TO EMPLOYEE
	ADDRESS OF BENEFICIARY STREET/CITY/STATE/ZIP CODE		% OF BENEFIT
	IF THE BENEFICIARY DIES BEFORE ME, I DESIGNATE AS CONTINGENT BENEFICIARY-NAME OF BENEFICIARY (LAST, FIRST, MI)	SOCIAL SECURITY #	RELATIONSHIP TO EMPLOYEE
	ADDRESS OF CONTINGENT BENEFICIARY (STREET/CITY/STATE/ZIP CODE)		% OF BENEFIT
EMPLOYEE SIGNATURE X _____		DATE _____	

BENEFICIARY- BUSINESS TRAVEL ACCIDENT- MUTUAL OF OMAHA (\$100,000 max)		POLICY NUMBER: <u>T5MP-30040</u>
<input type="checkbox"/> SAME AS ABOVE _____		

<p>Please complete an attached list if you want to name more persons than provided for on this form.</p>	Beneficiary for Death Benefits – Right to Change Beneficiary is Reserved to the Insured. (If more than one beneficiary is named, the beneficiaries shall share equally unless otherwise stated below.)		
	NAME OF BENEFICIARY (LAST, FIRST, MI)	% OF BENEFIT	RELATIONSHIP TO EMPLOYEE

BENEFICIARY- PERSONAL ACCIDENT- CIGNA (\$1000 basic coverage)			
<input type="checkbox"/> SAME AS ABOVE _____			

<p>Please complete an attached list if you want to name more persons than provided for on this form.</p>	NAME OF BENEFICIARY (LAST, FIRST, MI)	DATE OF BIRTH	RELATIONSHIP TO EMPLOYEE
	ADDRESS OF BENEFICIARY (STREET/CITY/STATE/ZIP CODE)		% OF BENEFIT
	IF THE BENEFICIARY DIES BEFORE ME, I DESIGNATE AS CONTINGENT BENEFICIARY-NAME OF BENEFICIARY (LAST, FIRST, MI)	DATE OF BIRTH	RELATIONSHIP TO EMPLOYEE
	ADDRESS OF CONTINGENT BENEFICIARY (STREET/CITY/STATE/ZIP CODE)		% OF BENEFIT