

**FEDERAL INSURANCE COMPANY (the "COMPANY")**

**BENEFICIARY DESIGNATION REQUEST**

Print and retain a copy with your important papers.

**Policyholder** \_\_\_\_\_ **Policy Number:** \_\_\_\_\_

		XXX-XX-
<b>Name of Insured</b>	<b>Date of Birth</b>	<b>Last 4 Digits of SSN</b>

<b>Address</b>	<b>City</b>	<b>State</b>
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☐ I hereby revoke any previous beneficiary designation(s), if any, for my Accidental Death & Dismemberment (AD&D) insurance issued to this group, employer or to me (as applicable) and direct that the insurance proceeds payable under the policy be paid as indicated below.

It is important that your beneficiary designation(s) be clear so that there will be no question as to your intent. It is also important that you name a primary and a contingent beneficiary(s). Proceeds are paid to contingent beneficiaries only when there are no surviving primary beneficiaries. Please provide each beneficiary's full name, address, date of birth, and relationship to you. If the beneficiary is not related by either blood or marriage to you, insert the words "Not Related." If more than one primary or contingent beneficiary is named without a percentage share indicated, the proceeds will be divided equally among the named primary or contingent beneficiaries (as applicable). Unless you otherwise indicate, the percentage share of a beneficiary who predeceases you will be divided proportionally among the surviving beneficiaries in the respective category (primary or contingent). If you need assistance, please contact the plan administrator, if applicable, or consult your own legal counsel.

If no primary beneficiary or contingent beneficiary designated is alive when the insured dies, any amount payable by reason of the insured's death shall be payable as provided in the Policy.

**PRIMARY BENEFICIARY DESIGNATION**

**(Must equal 100%)\***

Full Name (Last, First, Middle Initial)	Relationship	Date of Birth	Address (Street, City, State, Zip)	Share %

**\*Payment will be made in equal shares or all to the survivor unless a share % is indicated**

**TOTAL: 100%**

**CONTINGENT BENEFICIARY DESIGNATION**

**(Must equal 100%)\***

Full Name (Last, First, Middle Initial)	Relationship	Date of Birth	Address (Street, City, State, Zip)	Share %

**\*Payment will be made in equal shares or all to the survivor unless a share % is indicated**

**TOTAL: 100%**

It is important that you review your beneficiary designation periodically to be sure that the beneficiary information you supplied is up to date.

You may change or revoke your beneficiary designation at any time by completing a new Beneficiary Designation form.

Signature \_\_\_\_\_

Date \_\_\_\_\_