

Life Insurance and Accidental Death and Dismemberment Beneficiary Designation Form

Standard Insurance Company (The Standard)

Policy # 758184

It is requested that the following change of beneficiary be made on the records maintained in connection with the life insurance of the insured named below and in accordance with the provision of Group Policy #758184. The following beneficiary designations will apply to all coverages for which you are insured. The beneficiary designation will also apply to any future coverage changes (additions or reductions) that may occur per the terms of the group policy unless a new beneficiary designation is executed. Unless percentages are designated, proceeds shall be paid to primary surviving beneficiaries in equal shares. Proceeds are to be paid to contingent beneficiaries only when there are no surviving primary beneficiaries. Proceeds are to be paid to the surviving contingent beneficiaries in equal shares, if contingent beneficiaries have been designated and percentages are not provided. Unless otherwise provided, the share of a beneficiary who dies before the insured shall be divided proportionately among the surviving beneficiaries in the respective category (primary or contingent) or by order of the policy if no other beneficiaries are named.

NOTE: If an Absolute Assignment has been completed, this designation will not be valid unless signed by the Assignee.

Insured's (Physician) Information				
Last Name		First Name		Middle Name (if applicable)
Street Address	Apt/Unit Number	City	State	Zip Code
Phone	Date of Birth		Social Security Number	

Beneficiary Designation					
Please complete the information below for each person you designate as a beneficiary. If your beneficiary is a trust, provide the trustee's name, trust name and effective date of the trust.					
Primary Beneficiary Name	Relationship	Social Security Number	Date of Birth	Address	% Allocated (total must equal 100%)
Contingent Beneficiary Name	Relationship	Social Security Number	Date of Birth	Address	% Allocated (total must equal 100%)

Insured (Physician) or Assignee (Print Name)

Insured (Physician) or Assignee Signature	Date
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