

EMPLOYEE INFORMATION

Employee's Name _____ Firm # _____ Certificate # _____

Firm Name _____

PRIMARY DESIGNATION

I hereby name the following beneficiary(ies) of any Life Insurance benefits payable as a result of my participation in this plan.

Last Name	First Name and Initial	% of Benefit	Relationship to Employee	Birthdate
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Divided: As per percentages above (must total 100%) In equal shares to survivor(s)



Beneficiary Designation