

Designation of Beneficiary



Name of Employer: _____
 Group Contract No(s): _____
 Name of Insured Member: _____
 Insured Member's Social Security Number: _____

Insured Member's Designation of Beneficiary

Subject to the terms of the above Group Contract(s), between **United of Omaha Life Insurance Company** and said policyholder, I request that the following beneficiary (beneficiaries) be substituted under said contract(s) as my designated beneficiary (beneficiaries), in lieu of any and all beneficiaries previously named by me:

Primary Beneficiary Designation

Name of Beneficiary (First, MI, Last Name)	Related To Me As	Date of Birth (Mo./Day/Yr.)	Address of Beneficiary (Address, City, State, Zip)	Percentage (%)
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
Percentage Total:				100%

Contingent Secondary Beneficiary Designation

Name of Beneficiary (First, MI, Last Name)	Related To Me As	Date of Birth (Mo./Day/Yr.)	Address of Beneficiary (Address, City, State, Zip)	Percentage (%)
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
Percentage Total:				100%

*If more than one named, the beneficiaries shall share equally unless otherwise stated above.
 Unless otherwise above expressly provided, if any beneficiary listed above designated predeceases me, the share which such beneficiary would have received if such beneficiary had survived me shall be payable equally to the remaining designated beneficiary or beneficiaries, if any, who survived me, but if no designated beneficiary survives me, the beneficiary shall be determined as prescribed in said Group Contract(s).

If this Designation of Beneficiary refers only to a Group Life Insurance contract and if I am insured also under a Group Death and Dismemberment insurance contract issued by United of Omaha Life Insurance Company, this designation shall apply to both contracts unless I made a separate designation on or after the date of this designation.

This Designation of Beneficiary is subject to change as provided in said Group Contract(s).

WITNESS _____

 Signature of Insured Member

Date of Insured Member's Signature _____

Return original to employer or policy administrator.

Acknowledgment

The above beneficiary designation has been recorded by policyholder on behalf of insurer. A copy of this designation is being returned for your records.

Date Recorded _____

 Signed by Benefits Manager for the Policyholder

Instructions

1. If a mistake is made, no erasures or corrections should be attempted, but a new form should be used.
2. If a married woman is to be named, her full given name should be shown — for example: Mary J. Smith, not Mrs. John H. Smith. Likewise, if the card is to be signed by a married woman, she should sign her given name.
3. When two or more beneficiaries are to be named and they are not to share equally, the percentage each beneficiary is to receive should be shown; dollars and cents should not be specified.
4. If there are any questions, you should consult the person handling the group insurance at your policyholder's office.