

LifeMap Assurance Company™
P.O. Box 1271, MS E-3A
Portland, OR 97207-1271
(503) 721-7161 • (800) 794-5390

Beneficiary Designation Form

For residents of Oregon and Washington, the definition of a Spouse includes your legal husband or wife or your State Certified/Registered Domestic Partner. Please contact your employer for any additional eligibility requirements.

For residents of Idaho, Utah, Montana and Wyoming, the definition of a Spouse includes your legal husband or wife. Please contact your employer for any additional eligibility requirements.

	ease print in blue or black ink; complete all information requing mployer Name			Group Number		
<u> </u>						
	New Designation	on		T		
Eı	mployee's Name (Last, First MI)		Date of Birth	☐ M ☐ F	Social Security Number	
	you wish to name additional beneficiaries, please attach a se ate and your signature.	eparate piec	e of paper with all of	the nece	essary information, including the	
Pı	rimary Beneficiary (Last, First MI)		Date of Birth	☐ M ☐ F	Social Security Number	
В	eneficiary Address (Street, City, State and Zip)		Relationship To You		Benefit %	
Pı	rimary Beneficiary (Last, First MI)		Date of Birth	☐ M	Social Security Number	
В	eneficiary Address (Street, City, State and Zip)		Relationship To You		Benefit %	
If P	Primary Beneficiary(ies) dies before you, the benefit will be	paid to you	ır Contingent Benefic	ciary(ies	s).	
C	ontingent Beneficiary (Last, First MI)		Date of Birth	□ м □ F	Social Security Number	
Beneficiary Address (Street, City, State and Zip)			Relationship To You		Benefit %	
Sig	gn, date and return this form to your Benefits Adminis	strator.				
Signature of Employee				Date Signed		
	Instructions for Completi	ing Your E	Seneficiary Designa	ation		
Be Be	e Primary Beneficiary receives the Life and AD&D pro neficiary. If so, please provide all requested information neficiary to receive. The Contingent Beneficiary receives ease provide all requested information. Examples follow:	ion, and th	e percentage of pro	oceeds	you would like each Primary	
A.	One Primary Beneficiary	Mary R.	flary R. Jones – 100% (list information)			
В.	Two or more Primary Beneficiaries	50% to J	50% to John Jones and 50% to Sally Smith (list info. for both)			
C.	Two or more Primary Beneficiaries in Unequal Shares	75% to J	75% to John Jones and 25% to Sally Smith (list info. for both)			
D.	One Primary and Contingent Beneficiary		100% to Mary R. Jones, if living, otherwise to Sally Smith $$ (list info. for both)			
E.	Trustee	Mary R. Jones, Trustee, under trust agreement dated				
F.	Insured's Estate My Estate					
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Under items B. and C. above, if one of the Primary Beneficiaries dies before you, 100% of the proceeds will go to the living Primary Beneficiary(ies).

Do you know that if death occurs and a minor (a person not of legal age) is the beneficiary, it may be necessary to have a Guardian of the Estate of the minor, or a Conservator for the minor appointed before any death benefit can be paid? This means legal expenses for the beneficiary and delay in the payment of the insurance. Please take this into consideration when naming your beneficiary.