

Group Life and Health Division
 Fort Dearborn Life Insurance Company
 Administrative Office: P.O. Box 655403, Dallas, Texas 75265-5403
 Telephone: (972) 766-8881 or 1-800-778-2281

GROUP LIFE BENEFICIARY DESIGNATION

INSTRUCTIONS:

1. Please print. Form must be completed, signed and dated in ink.
2. Do not erase, attempt to make corrections or use white-out; use a new form. If strike through is made; initial change.
3. **This is a two part form. Please place the copy marked "Insured Copy" with your certificate for future reference. Return the original to GLH at the address noted above.**
4. The change in beneficiary will become effective on the date the Insured signs the request, whether or not you are living at the time the request is filed. Any benefits we may have paid prior to receiving this request will meet our contractual obligations to the extent of those payments.

Employer Name:**		Group Number:
Name of Insured:		Certificate Number:
Primary Beneficiary Name:	Relationship	Date of Birth
Contingent Beneficiary Name:	Relationship	Date of Birth
SIGNATURES:		
_____ Signature of Insured		_____ Date Signed
<p>Beneficiary Designation: Please give the full legal name of each beneficiary.</p> <ul style="list-style-type: none"> • Primary Beneficiary means the person or persons who will receive the benefits at the insured's death. • Contingent Beneficiary means the person or persons who will receive the benefits if the primary beneficiary is not living at the time of the insured's death. • Will/Trust - GLH is not in a position to determine the validity of your will or trust beneficiary designation. It is possible that, due to the language of your will or trust, distribution of proceeds would be unclear in the event of your death. Proceeds could be delayed or subjected to the need for a court order. To reassure yourself about the clarity and adequacy of your designation, please obtain an opinion from legal counsel. • **Employer - Texas Insurance Regulations prohibit naming your employer as beneficiary. <p>Note: Proceeds are paid in equal shares to the named beneficiaries surviving you unless you indicate otherwise.</p>		

ILA:

Return this copy to GLH