

INSTRUCTIONS:

1. Please type or print clearly IN INK.
2. The completed form should be returned to and retained by your Employer.
3. If the presently designated beneficiary is a trustee, attach evidence that the Trust Instrument permits you to make the change requested below.
4. If you are requesting a change to a minor beneficiary, you are reminded that payment of policy proceeds can only be made to a legally appointed and qualified guardian. Have you made these arrangements?
5. Samples of common beneficiary designations are shown at the bottom of this form.



THE LAFAYETTE LIFE INSURANCE COMPANY
LAFAYETTE, INDIANA 47903

BENEFICIARY DESIGNATION
GROUP INSURANCE

PLEASE PRINT

Group Policyholder: _____ Group No: _____
 Name of insured: _____ Birthdate: _____
Last First Middle Initial
 Social Security Number: _____

REQUEST FOR NOMINATION OF BENEFICIARY

The right is reserved to change the beneficiary hereby designated, without the consent of said beneficiary. If more than one beneficiary is designated, settlement will be made in equal shares to such of the designated beneficiaries (or beneficiary) as survives the Insured, unless otherwise provided herein. If no designated beneficiary survives the Insured, settlement will be made in accordance with the terms of the above Policy(ies).

FULL NAME & ADDRESS OF PROPOSED BENEFICIARY

Please check Primary (P) or Contingent (C) on each listing below.

	SOC. SEC. NO.	RELATIONSHIP	DATE OF BIRTH
<input type="checkbox"/> P <input type="checkbox"/> C _____	_____	_____	_____
<input type="checkbox"/> P <input type="checkbox"/> C _____	_____	_____	_____
<input type="checkbox"/> P <input type="checkbox"/> C _____	_____	_____	_____
<input type="checkbox"/> P <input type="checkbox"/> C _____	_____	_____	_____
<input type="checkbox"/> P <input type="checkbox"/> C _____	_____	_____	_____
<input type="checkbox"/> P <input type="checkbox"/> C _____	_____	_____	_____

Dated: _____ Yr _____ Signature of Insured/Owner: _____
(Signature is required for a valid Beneficiary Designation)

POPULAR BENEFICIARY DESIGNATIONS

A married woman should be designated by her first name, middle initial and last name.
 SHOW Jane B. Doe NOT Mrs. John P. Doe.

1. One beneficiary only — Jane B. Doe, wife
2. Two or more beneficiaries, equal amounts — Alice B. Doe, sister
 George M. Doe, brother, and William A. Doe, brother, equally, or to the survivors equally, or to the survivor
3. Two or more beneficiaries, unequal amounts — 50% to James L. Doe, father, 25% each to Alice B. Doe, sister, and William A. Doe, brother,
 The share of any deceased beneficiary to be paid in equal shares to the survivors, or to the survivor
4. Primary and contingent beneficiaries — Jane B. Doe, wife if living; otherwise, the children born of the marriage of the Insured and Jane B. Doe, or legally adopted by them — equally or equally to the survivors.
5. Trustee beneficiary — The Trust Company of Lafayette, Indiana, as trustee under a Trust Instrument dated May 30, 1968.

CHANGE NAME OF Insured from _____
 Beneficiary to _____

ISSUE OF DUPLICATE CERTIFICATE (POLICY) because my original certificate (policy) has been lost or mislaid. I declare that such original certificate (policy) has not been pledged as security for any loan and that I do not know where such certificate (policy) is now. If such certificate (policy) is found I will surrender it to the Insurance Company immediately.

DATED _____ Yr _____ WRITTEN SIGNATURE OF INSURED _____

PRINTED NAME OF INSURED _____