

# **BENEFICIARY DESIGNATION FORM**

17900 N. Laurel Park Drive Livonia, MI 48152 1-800-684-4222 www.aaalife.com

Name of Owner		Policy Number(s)				
Address (Street, City, State)		Social Security Number				
		Telephone Number				
		Telephone Number				
WHO ARE YOUR BENEFICIARIES?			_			
It is very important to clearly indicate your primary benefician if there is no surviving primary beneficiary(ies). If multiple prin noted, then any benefits payable to such beneficiaries will be form. The beneficiary(ies) named on this form will be valid on this form is signed and dated by you and received by us. Pag	nary beneficiari split equally. If ly for the policy	es or contingent benefi more space is needed t number(s) given. <b>The l</b>	ciaries are nam o list your bene peneficiary desi	ed and no percent ficiaries, please att gnation will not go	age distribution is ach a sheet to this of into effect until	
includes frequently asked questions.	ge 2 Of trits form	i includes directions an	u examples of	now to complete t	ilis ioilli. Page 3	
PRIMARY BENEFICIARY(IES)						
Primary Beneficiary's Name and Address	Telephone Number	Social Security Number	Date of Birth	Relationship to You	Percentage: Must equal 100%	
Name: Address:						
Name: Address:						
Name: Address:						
CONTINGENT BENEFICIARY(IES): Contingent beneficia	ries will only	receive henefits if th	ere are no su	niving primary b	eneficiaries	
CONTINUENT DEITE ICIANT (123): CONTINGENT DETICION	inco will offing	receive beliefits if th	cic aic no sa	rvivilig priiliary b	cricialics.	
Contingent Beneficiary's Name and Address	Telephone Number		Date of Birth	Relationship to You	Percentage: Must equal 100%	
	Telephone	Social Security	Date of	Relationship	Percentage: Must equal	
Contingent Beneficiary's Name and Address  Name:	Telephone	Social Security	Date of	Relationship	Percentage: Must equal	
Contingent Beneficiary's Name and Address  Name: Address: Name:	Telephone	Social Security	Date of	Relationship	Percentage: Must equal	
Contingent Beneficiary's Name and Address  Name: Address: Name: Address: Name: Address: For residents of the following community property:	Telephone Number	Social Security Number	Date of Birth	Relationship to You	Percentage: Must equal 100%	
Contingent Beneficiary's Name and Address  Name: Address: Name: Address: Name: Address:	Telephone Number	Social Security Number	Date of Birth	Relationship to You	Percentage: Must equal 100%	
Contingent Beneficiary's Name and Address  Name: Address: Name: Address: Name: Address: For residents of the following community property substituting the community substituting substituting substituting substituting substituting substit	Telephone Number states: Arizor	Social Security Number  a, California, Idaho, omeone other than	Date of Birth  Louisiana, No	Relationship to You evada, New Mex	Percentage: Must equal 100%  cico, Texas,	
Name: Address: Name: Address: Name: Address: Name: Address:  For residents of the following community property: Washington or Wisconsin.  Are you currently married? Yes No If you are married, live in a community property states still have rights to receive benefits under your policy property interest in the benefits.  As the spouse, I do hereby consent to the beneficiary the benefits of such insurance under applicable community.	states: Arizor e, and name s . Your spouse y designation(	Social Security Number  Ta, California, Idaho, omeone other than must sign below to see the second of the second o	Date of Birth  Louisiana, No	Relationship to You evada, New Mex as beneficiary, you	Percentage: Must equal 100%  iico, Texas,  our spouse may community	
Contingent Beneficiary's Name and Address  Name: Address: Name: Address: Name: Address:  For residents of the following community property: Washington or Wisconsin.  Are you currently married? Yes No If you are married, live in a community property states till have rights to receive benefits under your policy property interest in the benefits.  As the spouse, I do hereby consent to the beneficiary	states: Arizor e, and name s . Your spouse y designation(	Social Security Number  Ta, California, Idaho, omeone other than must sign below to see the second of the second o	Date of Birth  Louisiana, No	Relationship to You evada, New Mex es beneficiary, you er rights to any of the any rights that	Percentage: Must equal 100%  iico, Texas,  our spouse may community	
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Name: Address: Name: Address: Name: Address: Name: Address:  For residents of the following community property: Washington or Wisconsin.  Are you currently married? Yes No If you are married, live in a community property state still have rights to receive benefits under your policy property interest in the benefits.  As the spouse, I do hereby consent to the beneficiary the benefits of such insurance under applicable community.	states: Arizor e, and name s . Your spouse y designation( munity prope	Social Security Number  na, California, Idaho, omeone other than must sign below to security s) indicated on this forty laws.	Date of Birth  Louisiana, No your spouse a waive his or he form and waive	Relationship to You evada, New Mex es beneficiary, you er rights to any of the any rights that	Percentage: Must equal 100%  iico, Texas,  our spouse may community	
Name: Address: Name: Address: Name: Address:  Name: Address:  For residents of the following community property: Washington or Wisconsin.  Are you currently married? Yes No If you are married, live in a community property state still have rights to receive benefits under your policy property interest in the benefits.  As the spouse, I do hereby consent to the beneficiary the benefits of such insurance under applicable community.  X Signature of Owner's Spouse	states: Arizor e, and name s . Your spouse y designation( munity prope	Social Security Number  na, California, Idaho, omeone other than must sign below to security s) indicated on this forty laws.	Date of Birth  Louisiana, No your spouse a waive his or he form and waive	Relationship to You evada, New Mex es beneficiary, you er rights to any of the any rights that	Percentage: Must equal 100%  iico, Texas,  our spouse may community	
Contingent Beneficiary's Name and Address  Name: Address: Name: Address:  Name: Address:  For residents of the following community property: Washington or Wisconsin.  Are you currently married? Yes No  If you are married, live in a community property states till have rights to receive benefits under your policy property interest in the benefits.  As the spouse, I do hereby consent to the beneficiary the benefits of such insurance under applicable community Married?  X Signature of Owner's Spouse	states: Arizor e, and name s . Your spouse y designation(	Social Security Number  Ta, California, Idaho, omeone other than must sign below to see the second on this forty laws.	Date of Birth  Louisiana, No your spouse a waive his or he form and waive Date	Relationship to You evada, New Mex es beneficiary, you er rights to any of the any rights that	Percentage: Must equal 100%  iico, Texas,  our spouse may community	

#### COMPLETING YOUR BENEFICIARY DESIGNATION FORM

- 1. At the top of the form, fill in your personal information.
- 2. Next, complete the information regarding who will be your primary and contingent beneficiary(ies). A primary beneficiary will be the person/people/entity that you want to receive your life insurance benefits. The contingent beneficiary or beneficiaries will only receive the life insurance benefits if the primary beneficiary(ies) is no longer living. Indicate the percentage of the benefits amount that the beneficiary will receive. Do not use dollar amounts. Percentages must add up to 100%
- 3. If you live in a community property state, are married, <u>and name someone other than your spouse as the</u> primary beneficiary, make sure to have your spouse sign this form to avoid any delays at claim time.
- 4. Sign and date the form.
- 5. For the fastest processing of your request, please submit a clear, scanned copy of your driver's license or state identification card in addition to this form.

# Below are examples of how to complete the beneficiary designations:

# **PRIMARY BENEFICIARY(IES)**

Primary Beneficiary's Name and Address	Telephone Number	Social Security Number	Date of Birth	Relationship to You	Percentage: Must equal 100%
Name: Jane Doe Address: 123 Main St., Anytown, MI 12345	XXX-XXX-XXXX	xxx-xx-xxxx	XX/XX/XXXX	Wife	50%
Name: Jack Doe Irrevocable Trust Trustee: Jill Doe TTEE UTA 1/1/01 Address: 123 Main St., Anytown, MI 12345		(Tax ID)			50%
Name: Address:					
Name: Address:					

#### **CONTINGENT BENEFICIARY(IES):** Contingent beneficiaries will only receive benefits if there are no surviving primary beneficiaries.

Contingent Beneficiary's Name and Address	Telephone Number	Social Security Number	Date of Birth	Relationship to You	Percentage: Must equal 100%
Name: John Doe Sr. Address: 456 Second St., Anytown, MI 12345	XXX-XXX-XXXX	xxx-xx-xxxx	XX/XX/XXXX	Father	50%
Name: Charity Organization A Address: 789 Third Ct., Othertown, MI 67890	XXX-XXX-XXXX	XX- XXXXXX (Tax ID)	NA	Charity	50%
Name: Address:					

# FREQUENTLY ASKED QUESTIONS

#### Can I name a minor child as a beneficiary?

You may name a minor child as a beneficiary. However, we cannot make payment of benefits directly to a minor. Any payment to a minor beneficiary shall be made to the legally appointed guardian of the estate or conservator of the minor, unless otherwise permitted by law. Please consult with an estate planning professional before naming a minor child as a beneficiary.

#### How do I name a charitable organization as a beneficiary?

A charitable organization that is not your employer may be named as a beneficiary. You will need to indicate under primary or contingent beneficiary the name of the charitable organization, a contact for the organization, the organization's tax identification number, and the percentage of the benefits that would be payable to them.

# How do I name my estate as the beneficiary?

You may name your estate as a beneficiary. To name your estate as the beneficiary indicate "My Estate" as the beneficiary under primary or contingent beneficiary. If you know who will be the executor or administrator of your estate, you should also include that person's name. For example: My Estate, John Doe Executor.

# How do I name a trust as the beneficiary?

You may designate a trust as a beneficiary. To name a trust as a beneficiary, indicate the trustee (show name and address) and trust agreement date. If the trust has a tax identification number, the ID number will need to be supplied in place of the social security number. For example: Jack Doe Irrevocable Trust, Jill Doe TTEE UTA 1/1/01. Please provide a copy of the trust document with the form to avoid delay in the payment of benefits.

# Can I designate irrevocable beneficiaries?

Yes. To name your beneficiary as irrevocable, please write "Irrevocable" next to the name of the beneficiary on the form. If a beneficiary is named as irrevocable, you will not be able to make a change to the beneficiary designation in the future without the signed consent of the individual named as an irrevocable beneficiary.

# Can I name a funeral home as a beneficiary?

Yes, where state law permits a funeral home to be a beneficiary. When a funeral home is named as the beneficiary, there is a possibility that the benefits of the policy may exceed the cost of the funeral. The funeral home may not be obligated to refund the remainder of the benefits. You may have the option to collaterally assign the policy instead. Please consult with an estate planning professional before naming a funeral home as a beneficiary.