



## BENEFICIARY DESIGNATION FORM

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|                               |                        |
|-------------------------------|------------------------|
| Name of Owner                 | Policy Number(s)       |
| Address (Street, City, State) | Social Security Number |
|                               | Telephone Number       |

**WHO ARE YOUR BENEFICIARIES?**

It is very important to clearly indicate your primary beneficiary(ies) and contingent beneficiary(ies). Benefits are paid to contingent beneficiary(ies) only if there is no surviving primary beneficiary(ies). If multiple primary beneficiaries or contingent beneficiaries are named and no percentage distribution is noted, then any benefits payable to such beneficiaries will be split equally. If more space is needed to list your beneficiaries, please attach a sheet to this form. The beneficiary(ies) named on this form will be valid only for the policy number(s) given. **The beneficiary designation will not go into effect until this form is signed and dated by you and received by us. Page 2 of this form includes directions and examples of how to complete this form. Page 3 includes frequently asked questions.**

**PRIMARY BENEFICIARY(IES)**

| Primary Beneficiary's Name and Address | Telephone Number | Social Security Number | Date of Birth | Relationship to You | Percentage: <i>Must equal 100%</i> |
|--|------------------|------------------------|---------------|---------------------|------------------------------------|
| Name:<br>Address:                      |                  |                        |               |                     |                                    |
| Name:<br>Address:                      |                  |                        |               |                     |                                    |
| Name:<br>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: <i>Must equal 100%</i> |
|---|------------------|------------------------|---------------|---------------------|------------------------------------|
| Name:<br>Address:                         |                  |                        |               |                     |                                    |
| Name:<br>Address:                         |                  |                        |               |                     |                                    |
| Name:<br>Address:                         |                  |                        |               |                     |                                    |

**For residents of the following community property states: Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington or Wisconsin.**

**Are you currently married?** Yes \_\_\_\_\_ No \_\_\_\_\_

If you are married, live in a community property state, and name someone other than your spouse as beneficiary, your spouse may still have rights to receive benefits under your policy. Your spouse must sign below to waive his or her rights to any community property interest in the benefits.

As the spouse, I do hereby consent to the beneficiary designation(s) indicated on this form and waive any rights that I may have to the benefits of such insurance under applicable community property laws.

**X** \_\_\_\_\_ Date \_\_\_\_\_  
Signature of Owner's Spouse

**X** \_\_\_\_\_ Date \_\_\_\_\_  
Signature of Owner

## 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, and name someone other than your spouse as the primary beneficiary, make sure to have your spouse sign this form to avoid any delays at claim time.
4. Sign and date the 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: <i>Must equal 100%</i> |
|---|------------------|------------------------|---------------|---------------------|------------------------------------|
| Name: Jane Doe<br>Address: 123 Main St., Anytown, MI 12345  | XXX-XXX-XXXX     | XXX-XX-XXXX            | XX/XX/XXXX    | Wife                | 50%                                |
| Name: Jack Doe Irrevocable Trust<br>Trustee: Jill Doe TTEE UTA 1/1/01<br>Address: 123 Main St., Anytown, MI 12345 |                  | (Tax ID)               |               |                     | 50%                                |
| Name:<br>Address:   |                  |                        |               |                     |                                    |
| Name:<br>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: <i>Must equal 100%</i> |
|---|------------------|------------------------|---------------|---------------------|------------------------------------|
| Name: John Doe Sr.<br>Address: 456 Second St., Anytown, MI 12345            | XXX-XXX-XXXX     | XXX-XX-XXXX            | XX/XX/XXXX    | Father              | 50%                                |
| Name: Charity Organization A<br>Address: 789 Third Ct., Othertown, MI 67890 | XXX-XXX-XXXX     | XX-XXXXXX<br>(Tax ID)  | NA            | Charity             | 50%                                |
| Name:<br>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.