

SPOUSAL CONSENT FOR GROUP LIFE INSURANCE BENEFITS

I. GENERAL INFORMATION – To be completed by the Policyholder/Employer

Policy Number _____ Employer/Policyholder Name _____

Street Address City State Zip Code _____

Insured's Occupation/Job Title _____

 Insured's Date of
Employment/Membership _____

 Insured's Effective
Date of Coverage _____

II. INSURED'S INFORMATION - To be completed by the Insured.

 Insured's Name _____ Date of Birth _____ Sex M F

Street Address City State Zip Code _____

II. GROUP LIFE INSURANCE BENEFICIARY DESIGNATION – To be completed by the Insured.

Primary Beneficiary: The person or persons you want to receive the life insurance benefit if you die. If more than one primary beneficiary has been named, and the specific percentage has not been designated, then each will receive an equal share of the benefit.

Contingent Beneficiary: The person or persons you want to receive the life insurance benefit if you die and if no primary beneficiary is alive on that date. If more than one contingent beneficiary has been named, and the specific percentage has not been designated, then each will receive an equal share of the benefit.

| | Full Name | Address | Date of Birth | Relationship to Insured | % of Benefit |
|---|-----------|---------|---------------|-------------------------|--------------|
| <input type="checkbox"/> Primary | | | | | |
| <input type="checkbox"/> Primary <input type="checkbox"/> Contingent | | | | | |
| <input type="checkbox"/> Primary <input type="checkbox"/> Contingent | | | | | |
| <input type="checkbox"/> Primary <input type="checkbox"/> Contingent | | | | | |

If you (the Insured) are a married resident of Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington, or Wisconsin, your spouse may have a legal claim for a portion of the life insurance benefit under state law. If you do not designate your spouse as your primary beneficiary for at least 50% of your death benefit, please have your spouse sign this Spousal Consent and Waiver. If the consent and waiver is not signed, it may result in a delay in the payment of your benefit. Spousal Consent section allows your spouse to waive his or her rights to any community property interest in the benefit.

I, the undersigned, reserve the right to change the beneficiary(ies) without the consent of said beneficiary(ies).

Signature of Insured: _____ Date: _____

III. SPOUSAL CONSENT AND WAIVER – To be completed by the Insured's Spouse.

By signing below, I certify that I am the spouse of the Insured named above, and I hereby consent to my spouse designating the person(s) listed above as beneficiary(ies) of group life insurance benefits under the above policy and waive any rights I may have to the proceeds of such insurance under any applicable law, community property or otherwise. I understand that this consent and waiver supersede any prior spousal consent or waiver for these benefits.

Printed Name of Insured's Spouse: _____

Signature of Insured's Spouse: _____ Date: _____