

Request for Change of Beneficiary

Signature(s) Required Below



EMPLOYEE BENEFITS

ReliaStar Life Insurance Company

P.O. Box 20 Minneapolis, Minnesota 55440

Instructions:

Employee: Type or print in ink. Do not erase or correct – instead use a new form. Complete form and sign as required below. Return this form to your employer.

Employer: The original and approved copy, if necessary, is to be attached to the enrollment form. A copy must be given to the employee. **Important:** The Request for Change of Beneficiary must be sent to ReliaStar Life Insurance Company for approval when: (1) The wording used in the request differs from the examples given on the reverse side, or (2) The certificate has been assigned, or (3) The previous beneficiary is irrevocable. Be sure to send along all previous beneficiary changes, assignments, and a copy of the enrollment card or form.

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|---|--------------------------|---------------|
| Name of Insured (<i>employee or member</i>) | | Date of Birth |
| Name of Policyholder (<i>employer</i>) Wicomico County Bd of Ed Basic Life Insurance | Policy Number 61552-8 | Employee No. |

I request that the beneficiary under this Group Certificate be as indicated below. Unless otherwise provided in this request, if two or more beneficiaries are named, the proceeds shall be paid in equal shares to the named beneficiaries if surviving the insured, or to the survivor or survivors. If no beneficiary survives, payment shall be made in accordance with the terms of the Group Policy. The right of the insured or owner, if other than insured, to change the beneficiary hereafter is reserved.

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| For each Beneficiary give Full Name, Address (<i>street, city, state and zip code</i>), Date of Birth, Social Security Number and Relationship to Insured. |
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| CONTINGENT : |
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This designation is revocable as to each beneficiary except when otherwise stated and beneficiaries of like class shall share equally with right of survivorship. ReliaStar Life Insurance Company will not accept any designation using the words "Per Stirpes." If you wish such a designation, see the Suggested Beneficiary Designations appearing on the reverse side of this form. Any designation of an individual shall mean an individual living on insured's death.

Dated this _____ day of _____, 20____, at _____, _____ State

Signature of Irrevocable Beneficiary(ies), if any _____

Signature of Owner _____

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| FOR INSURANCE COMPANY OR EMPLOYER'S USE ONLY | |
| This is to certify that, upon Approval, the records with respect to the Group Policy described above, under which this Certificate was issued to the above-named Insured, show the beneficiary(ies) designated by said Insured to be as indicated above. This request does not convey any right or privilege beyond the terms of the aforesaid Group Policy and Certificate. | |
| Approved by Employer, Registrar or Assistant Secretary | Date Approved |

Suggested Beneficiary Designations

Personal Beneficiaries

1. If **one individual** is to be designated, use full legal name thus – “Anna May Smith,” not “Mrs. John Smith.”
2. If **two individuals** are to be named, designate as follows: “Anna May Smith, wife and Dorothy Smith Andrews, daughter, in equal shares, or the survivor.”
3. If **three or more individuals** are to be named, designate as follows: “Anna May Smith, wife, Dorothy Smith Andrews, daughter, and William Smith, son, or the survivors, in equal shares, or the survivor.”
4. If **one or more secondary beneficiaries** are to be named, they may be designated individually as follows: “Anna May Smith, wife, if living, otherwise Joseph Smith, father, and Elizabeth Smith, mother, in equal shares, or the survivor;” or
 - (a) If all **children of the marriage** are to be named secondary beneficiaries, designate them collectively rather than individually as follows: “Anna May Smith, wife, if living, otherwise the then surviving children, if any, born of insured’s marriage with said wife, in equal shares.” (This designation will include children born later without the necessity of changing the designation.)
 - (b) If all children of the marriage are to be named secondary beneficiaries **and a second alternate beneficiary is to be named**, designate as follows: “Anna Smith, wife, if living, otherwise the then surviving children, if any, born of insured’s marriage with said wife, in equal shares, or if said wife is not living and there is no such child, James Smith, father.”
 - (c) If **children not of the present marriage** are to be included, designate as follows: “Anna May Smith, wife, if living, otherwise John Smith and Mary Smith, children, and any other child or children born of insured’s marriage with said wife, or the survivors, in equal shares, or the survivor.”
 - (d) If a **“Clean Up Fund”** of a stated amount is desired and there are secondary beneficiaries who are minors, the designation may be as follows: “The proceeds up to \$_____ to Anna Smith, wife, if living, otherwise the executors or administrators of the estate of the insured, and the remainder to said wife, if living, otherwise John Smith and Mary Smith, children, in equal shares, or the survivor.” Minor children should not be named beneficiaries of proceeds intended for “Clean Up Fund” because the guardian of the children probably could not use the proceeds for the purpose.

Estate

5. If an estate is named, specify whose estate, such as: “Estate of the Insured.”

Trustee

6. Trustee under the last will and testament of the insured, or his successors in trust, PROVIDED, HOWEVER, that if no claim is made by said Trustee within one year from the date of death of the insured or if the insured shall die leaving no last will and testament containing a trust covering this policy, the proceeds shall be payable to the estate of the insured. Payment of the proceeds of this policy to said Trustee or successors in trust shall fully and finally discharge the Company from all liability.
7. “The _____ Trust Company, trustee under written trust agreement date _____, or its successor or successors in trust, and payment of the proceeds of this policy to said Trustee _____ (month, day, year) or successor or successors shall fully and finally discharge the Company from all liability.”

Business Partners

8. Under a cross ownership plan, designate the surviving partners as beneficiaries. For example, for insurance on the life of John Jones, designate “Henry Smith and William Brown, partners, in equal shares, or the survivor.” Similar designation may be made for the other partners.

Just as a corporation may be the owner and beneficiary of a policy, a partnership may, in the partnership name, own and be the beneficiary of a policy. The firm name should be used together with the words, “a partnership.” For example, “Jones, Smith and Brown, a partnership presently consisting of John Jones, Henry Smith and William Brown.”

Per Stirpes

9. “_____, wife, if living, otherwise the then surviving children, if any, born of insured’s marriage with said wife and the then surviving legally adopted child or children of the insured, if any, in equal shares, except in case of death of any child or children of said marriage or any legally adopted child or children of the insured, leaving lawful surviving child or children (including legally adopted children but not including grandchildren or other remote descendants), such child or children of the deceased child shall receive, in equal shares, the share which such deceased child would have received if he or she had survived.”