

Beneficiary Designation Form Employee Life/AD&D Insurance

Last Name	First Name	M.I.	SSN
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Instructions: Complete this form to designate a beneficiary (ies) for your life and AD&D benefits. Please include the date of birth (DOB) and social security number (SSN) of each beneficiary to ensure proper identification. **Use separate forms if you want to designate a different beneficiary (ies) for different insurance plans.**

I understand that I will be the beneficiary for my spouse and/or dependent children for the Optional Dependent Life coverage and GUL (MN Life) dependent children coverage. My spouse and/or dependent children have the option to designate a beneficiary for Optional AD&D coverage. If no designation is made, I understand that I will be the beneficiary for their Dependent Optional AD&D coverage.

I designate as my beneficiary (ies) the person(s) named below. This designation shall apply to:

- All of the insurance plans listed below.
- Only the insurance plans listed below by which I have written my initials.

_____ BASIC EMPLOYEE TERM LIFE AND ACCIDENTAL DEATH & DISMEMBERMENT (AD&D)

_____ OPTIONAL BASIC EMPLOYEE TERM LIFE AND ACCIDENTAL DEATH & DISMEMBERMENT (AD&D)

_____ EMPLOYEE GROUP UNIVERSAL LIFE (GUL)

_____ BUSINESS TRAVEL ACCIDENT

_____ VOLUNTARY ACCIDENTAL DEATH & DISMEMBERMENT – EMPLOYEE ONLY (AD&D)

_____ VOLUNTARY ACCIDENTAL DEATH & DISMEMBERMENT – FAMILY (AD&D)

Employee Completes: My Beneficiary (ies) Is/Are: (for sample wording, see last page)

<i>Primary:</i>
<i>Contingent:</i>

Note: If no beneficiary is selected, or if the beneficiary is not alive when the insured person dies, benefits will be paid according to the surviving class schedule for each insurance contract.

I understand that benefits payable under these plans are subject to the terms and conditions in the policies, plans, and contracts issued to and administered by the Farm Credit Consolidated Benefit Plans. Each designation made above shall supersede any previous designation of beneficiaries under the same plan.

Employee Signature:	Date:

Please return this form to your local Human Resource Department and retain a copy for your records.

Spouse and/or Dependent Children Beneficiary Designation Form

Instructions: Complete this form to designate a beneficiary (ies) for spouse and dependent life and AD&D benefits. Please include the date of birth (DOB) and social security number (SSN) of each beneficiary to ensure proper identification.

Spouse Insurance

I designate as my beneficiary (ies) the person(s) named below. This designation shall apply to:

- All of the insurance plans listed below.
- Only the insurance plans listed below by which I have written my initials.

_____ Spouse GROUP UNIVERSAL LIFE (GUL)

_____ VOLUNTARY ACCIDENTAL DEATH & DISMEMBERMENT – FAMILY (AD&D)

Spouse Completes: My Beneficiary (ies) Is/Are: (for sample wording, see next page)

<i>Primary:</i>
<i>Contingent:</i>

Note: If no beneficiary is selected, or if the beneficiary is not alive when the insured person dies, benefits will be paid according to the surviving class schedule for each insurance contract.

I understand that benefits payable under these plans are subject to the terms and conditions in the policies, plans, and contracts issued to and administered by the Farm Credit Consolidated Benefit Plans. The designation made above shall supersede any previous designation of beneficiaries under the same plan.

Spouse Signature:	Date:
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Please return this form to your local Human Resource Department and retain a copy of this form for your records.

Dependent Insurance

I designate as my beneficiary (ies) the person(s) named below. This designation shall apply to:

_____ VOLUNTARY ACCIDENTAL DEATH & DISMEMBERMENT – FAMILY (AD&D)

Dependent Child(ren) [age 16 and older] Completes: My Beneficiary (ies) Is/Are: (for sample wording, see next page)

<i>Primary:</i>
<i>Contingent:</i>

Note: If no beneficiary is selected, or if the beneficiary is not alive when the insured person dies, benefits will be paid according to the surviving class schedule for each insurance contract.

I understand that benefits payable under these plans are subject to the terms and conditions in the policies, plans, and contracts issued to and administered by the Farm Credit Consolidated Benefit Plans. Each designation made above shall supersede any previous designation of beneficiaries under the same plan.

Dependent Signature:	Date:
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Please return this form to your local Human Resource Department and retain a copy for your records.

Sample Beneficiary Designations: Questions about the appropriateness of a designation for your situation should be referred to your personal attorney.

A. PROPOSED BENEFICIARY	B. SAMPLE WORDING
1. Estate	1. My Estate.
2. One primary beneficiary and one or more contingent beneficiaries	2. Primary: John A. Doe (DOB, SSN), spouse. Contingent: Alice G. Doe (DOB, SSN) and Charles B. Doe (DOB, SSN), children, equally or to the survivor.
3. Three or more beneficiaries, equally	3. Primary: John A. Doe (DOB, SSN), father, Mary I. Doe (DOB, SSN), mother, and Henry J. Doe (DOB, SSN), son, equally or to the survivors or survivor. Contingent: St. Paul Chapter American Red Cross.
4. Two beneficiaries and three or more contingent beneficiaries	4. Primary: John A. Doe (DOB, SSN), father, Mary I. Doe (DOB, SSN), mother, equally or to the survivor. Contingent: Henry J. Doe, Alice G. Doe and Charles B. Doe, children, equally, with a deceased child's share to his or her children by representation. .
5. Three or more beneficiaries in equal shares (per stirpes)	5. Primary: Henry J. Doe (DOB, SSN), Alice G. Doe (DOB, SSN) and Charles B. Doe (DOB, SSN), Children, equally, with a deceased child's share to his or her children by representation. Contingent: My Estate
6. Trustee Agreement	6. Primary: Richard Doe or his successor, Trustee of the James Jones Revocable Trust, under agreement dated xx-xx-xx. Contingent: My Estate
7. Two beneficiaries in unequal portions	7. Primary: Three-quarters (3/4) to Anna L. Doe (DOB, SSN), wife, and one-quarter (1/4) to John A. Doe (DOB, SSN), father, the share of a deceased beneficiary to be paid to the survivor. Contingent: My Estate.