Anthem Life
Anthem Life Insurance Company
6740 N High St - Suite 200
Worthington, OH 43085
866-227-4005 - Fax: 614-433-8849

BENEFICIARY DESIGNATION FORM

Name of Insured	Social Security No.	Name of Policyowner (if different)	Social Security No.

Name of Employer/Group (if applicable)	Effective Date Designation	Policy/Certification No.
The State of New Hampshire		AL00002490

COVERAGE TYPE — The Beneficiary designation will apply to all death benefits for the individuals named, unless they designate otherwise by checking a specific coverage.

☐ Basic Term Life ☐ Basic AD&D ☐ Supp. Life ☐ Supp. AD&D ☐ Voluntary Life ☐ Voluntary AD&D ☐ Whole Life/Conversion ☐ ALL

If you wish to designate different Beneficiaries for each benefit, you must complete a separate form for each, otherwise this designation shall apply to all benefits.

PRIMARY BENEFICIARY(IES):

In accordance with the provisions of the Policy and/or Certificate, I hereby request the benefits payable for loss of life to be issued as follows:

Name in Full	Relationship to Insured	Soc. Sec. No.	Date of Birth	Percentage*
Name in Full	Relationship to Insured	Soc. Sec. No.	Date of Birth	Percentage*
Name in Full	Relationship to Insured	Soc. Sec. No.	Date of Birth	Percentage*

*Total percentage must add up to 100%

CONTINGENT BENEFICIARY(IES):

Name in Full	Relationship to Insured	Soc. Sec. No.	Date of Birth	Percentage*
Name in Full	Relationship to Insured	Soc. Sec. No.	Date of Birth	Percentage*
Name in Full	Relationship to Insured	Soc. Sec. No.	Date of Birth	Percentage*

*Total percentage must add up to 100%

DEPENDENT LIFE BENEFICIARY(IES): (Applicable to Virginia Residents Only)

Name in Full	Relationship to Insured	Soc. Sec. No.	Date of Birth	Percentage*
Name in Full	Relationship to Insured	Soc. Sec. No.	Date of Birth	Percentage*

*Total percentage must add up to 100%

Except as otherwise directed herein, the death benefit of said Policy and/or Certificate shall be divided equally among all surviving persons who are named as Primary Beneficiaries, but if no Primary Beneficiary survives the Insured, then among all surviving persons who are named as Contingent Beneficiaries. If no Primary or Contingent Beneficiary survives, the net proceeds shall be paid according to the successive preference beneficiaries as outlined in the Policy and/or Certificate (if applicable) or the net proceeds shall be paid to the Policyowner or his/her estate.

I hereby revoke all former beneficiary designations applicable to said Certificate, and I reserve the right to make further changes at any time, subject to the provisions of the Policy and/or Certificate.

Date Signed	**Signature of Insured or Policyowner** (2 Officers' signatures, with title, are required if corporate owned)
Date Signed	**Signature of Spouse** (if not designated as Primary beneficiary and Residence is in Community Property State)

BENEFICIARY DESIGNATION

DEFINITIONS:

The purpose of designating beneficiaries for this policy is to instruct Anthem Life exactly how you wish the proceeds of your policy/certificate to be paid upon your death. Therefore, please take a moment to read the examples below:

PRIMARY BENEFICIARY:

Person or persons to receive the Life Insurance proceeds upon the death of the Insured. If multiple Primary Beneficiaries are listed, death benefits are divided equally among all the living Primary Beneficiaries, unless otherwise stated.

CONTINGENT BENEFICIARY:

Person or persons to receive the Life Insurance proceeds when the Primary Beneficiary(ies) dies before the Insured. If multiple Contingent Beneficiaries are listed, death benefits are divided equally among all the living Contingent Beneficiaries, unless otherwise stated.

MINOR CHILDREN AS BENEFICIARIES:

Please be aware that if a benefit is payable to a minor, the Claim for Death Benefits must be signed and furnished by the legal conservator/guardian of the estate of such person and Letters of Conservatorship/Guardianship issued by the court **must** be furnished.

EXAMPLES OF CORRECT BENEFICIARY DESIGNATIONS:

Joe and Jane Smith — Father and Mother
William E. Brown — Spouse
George Jones — Friend
Donald C. White, Jane E. Smith, and Richard E. Beck — Children

Full given names of each beneficiary must be clearly stated.
NOTE: INSUREDS OF GROUP INSURANCE MAY **NOT** DESIGNATE THEIR EMPLOYER AS BENEFICIARY

GENERAL INFORMATION

1. Settlement Options: To request settlement options other than a lump sum payment, write a separate letter setting forth the method of payment desired. Do not give such information on this form.
2. Community Property: The insurance may be subject to community property rights or other interests. Unless those who have such rights or interests consent to this beneficiary designation, the Company may be prevented from carrying out the directions contained in this request.

Employees should make a copy to keep for their personal record. Employers need to keep original on file. For All Voluntary benefits, a legible copy ***must*** be sent to Anthem Life.

BENEFICIARY ADDRESS INFORMATION (Optional)

Beneficiary Name	Street Address	City	State	Zip Code	Country