

Life/AD&D Beneficiary Designation—Fortis Companies



Employee's name _____ Social Security no. _____

Employer _____ Policy no. 61890

PLEASE READ THE FOLLOWING INFORMATION BEFORE COMPLETING THIS FORM.

- 1. Give FULL names and relationships of each beneficiary.
- 2. If your designation does not fit into the arrangements below (*designations such as wills, estates, trustees*), please ask your HR representative for assistance.
- 3. Return the completed form to your Human Resources Department.

PRIMARY BENEFICIARY(IES): All beneficiaries named in this section will be considered primary. Proceeds will be paid in equal shares to these primary beneficiaries who survive you unless you indicate percentages. Percentages must equal 100%.

Name (<i>last, first, m.i.</i>)	Relationship to Insured	Address	Percentage

SECONDARY BENEFICIARY(IES): If no primary beneficiaries survive you, proceeds will be paid to the surviving secondary beneficiaries named in this section. Payment will be paid in equal shares unless you indicate percentages. Percentages must equal 100%.

Name (<i>last, first, m.i.</i>)	Relationship to Insured	Address	Percentage

ANY AMOUNT OF INSURANCE PAYABLE AT MY DEATH SHALL BE PAYABLE AS INDICATED ABOVE.

Signature _____ Date _____

Received and recorded by _____ Date _____