

IMPORTANT – PLEASE READ FIRST

A PRIMARY BENEFICIARY is a person or institution which will be paid the proceeds of your insurance in the event of your death. Do not name yourself as a beneficiary.

A CONTINGENT BENEFICIARY is a person or institution which will be paid the proceeds of your insurance, if a primary beneficiary is deceased or no longer exists at the time of your death. Do not name yourself as a beneficiary.

A WITNESS SIGNATURE IS REQUIRED WHEN NAMING A NEW BENEFICIARY. The witness cannot be a named beneficiary but can be a relative or friend. The witness does not have to be a notary public.

TO BE VALID, THIS FORM MUST BE RETURNED TO THE UTUIA FOR ENDORSEMENT. We cannot accept photocopies or telephone facsimiles. When your request for change of beneficiary is endorsed by the General Secretary and Treasurer, the change will be made and a photocopy of this document will be returned to you for your records.

EXAMPLES

1. If you want one person to receive the entire proceeds of the policy:

<u>Primary Beneficiary(ies)</u>	<u>Relationship to Insured</u>	<u>Percentage</u>
Mary Doe	Wife	100

2. If you want two or more persons to share the proceeds equally:

<u>Primary Beneficiary(ies)</u>	<u>Relationship to Insured</u>	<u>Percentage</u>
Mary Doe	Wife	50
Jane Doe	Daughter	50

3. If you want one person to receive the entire proceeds if living, but you want another person to receive the entire proceeds if the first person is not living:

<u>Primary Beneficiary(ies)</u>	<u>Relationship to Insured</u>	<u>Percentage</u>
John Doe	Husband	100

<u>Contingent Beneficiary(ies)</u>	<u>Relationship to Insured</u>	<u>Percentage</u>
Bill Doe	Son	100

4. If you want one person to receive the entire proceeds if living, but you want two or more persons to share the proceeds equally if the first person is not living:

<u>Primary Beneficiary(ies)</u>	<u>Relationship to Insured</u>	<u>Percentage</u>
John Doe	Husband	100

<u>Contingent Beneficiary(ies)</u>	<u>Relationship to Insured</u>	<u>Percentage</u>
Jane Doe	Daughter	50
Irving Doe	Son	50

Please contact our Policyholder Service Department toll-free at 800-558-8842 from 8:30 a.m. to 4:30 p.m. EST Monday through Friday with any questions you may have regarding this form.

