

Changing A Beneficiary Designation

The following pages contain information to assist you in recording the beneficiary for your term life policy. Making sure that your benefits will be distributed in strict accordance with your wishes is our utmost priority. It is very important that the form be completed in a manner that will eliminate any doubt as to how you wanted the proceeds distributed. Therefore please review the *Guide For Common Beneficiary Designations* pages that follow and call your customer care representative, Chris Dillon, at 1-800-325-8166 or email to insurance@aafp.org if you have any questions.

After you have completed the *Request For Change Form* please mail it to:

AAFP Insurance Services, Inc.
Attn: Policyholder Services
PO Box 7470
Leawood, KS 66207-0470

GUIDE FOR COMMON BENEFICIARY DESIGNATIONS

This sheet contains sample wording for the (most) common types of beneficiary designations. Use wording opposite proposed beneficiary to help assure proper designation.

If two or more beneficiaries are named and there is no other provision, the proceeds shall be paid in "Equal Shares". Also if two or more beneficiaries are named, do not use the word "or" i.e., Anna L. Doe, wife or Mary I Doe, mother. Use of the word "or" leaves the payment of the benefit to the discretion of the Insurance Company.

Use of the suggested wording does not guarantee the legal sufficiency of the designation. Any specific questions about the legal sufficiency should be referred to the individual's personal attorney.

Proposed Beneficiary	Suggested Wording
1. Estate	My Estate
2. One beneficiary	Anna L. Doe, wife
3. Two beneficiaries, equally	John A. Doe, father, and Mary I. Doe, mother, equally or to the survivor.
4. Three or more beneficiaries, equally	John A. Doe, father, and Mary I. Doe, mother, and Henry J. Doe, son equally, or to the survivors or survivor.
5. Two beneficiaries, in succession	Anna L. Doe, wife, if living; otherwise Henry J. Doe, son.
6. Three beneficiaries, in succession	Anna L. Doe, wife, if living; otherwise Henry J. Doe, son, if living; otherwise Mary I. Doe, mother.
7. One beneficiary and two contingent beneficiaries	Anna L. Doe, wife, if living; otherwise Henry J. Doe, son and Alice G. Doe, daughter equally or to the survivor.
8. Two beneficiaries and three or more contingent beneficiaries	John A. Doe, father, and Mary I. Doe, mother equally or to the survivor; but if neither survives; Henry J. Doe, Alice G. Doe and Charles B. Doe, children equally, or equally to the survivors or survivor.
9. Three or more beneficiaries in equal shares (per stirpes)	Henry J. Doe, Alice G. Doe and Charles B. Doe, children, or to the survivors or survivor equally, Per Stirpes.

- | | |
|------------------------------------|--|
| 10. Wife or unnamed children | Anna L. Doe, wife, if living, otherwise to my children, if any. (If desired, may add "born of my marriage to said Anna L. Doe"). |
| 11. Minor children | Henry J. Doe and Alice G. Doe, children |
| 12. To a church or an organization | Specific name and address of beneficiary. |
| 13. Trustee beneficiary | The Trust Company of Smith, Missouri as trustee under a Trust Instrument dated Dec. 29, 1967. |
| 14. Trust with Corporate Trustee | ABC Bank & Trust Company, Kansas City, Missouri, Trustee or successor in Trust under (Trust Name) established (Date of Trust Agreement). |
| 15. Testamentary Trust | Call AAFP Insurance Services for special form. |
| 16. Unequal amounts | 50% to Mary J. Smith, wife, and 25% each to Alice C. Smith, sister and Richard B. Smith, brother, the share of any deceased beneficiary to be paid in equal shares to the survivors, or to the survivor. |

The appropriate suggested wording should be used on the enrollment application or when changing a beneficiary designation.

If enough space is not available for a lengthy beneficiary designation, the application or beneficiary form should be completed indicating "See Attached". Then, on separate paper the individual should designate the beneficiary. We suggest the following format be used.

Account Number	Certificate Number	Member's Name
----------------	--------------------	---------------

I hereby designate as the beneficiary of payee for the proceeds which become payable by reason of my death when they become due to as:

Make sure it is signed and dated.

