

South Central Hispanic District Council of the Assemblies of God Standard Life Insurance Enrollment/Beneficiary Designation Form

Section A - General Participant Information (please print)

Last Name _____ First _____ Middle _____

SS # _____ Birth date _____ Gender: Male Female

Mailing address _____
Street or P O Box City, State, Zip

Home phone _____ E-mail _____ Credential # _____

***Enroll Non-Credentialed Spouse and child(ren) Yes No** (Additional contribution of \$215.00) This is a dependent package that insures non-credentialed spouse or non-credentialed spouse and eligible children. (To age 21 or age 25, if attending college full-time)

***Enroll Child Only Yes No** (No additional contribution needed) If you have a credentialed spouse, or no spouse, but you do have eligible children, check this box. **If you and your spouse are both credentialed, only one of you can check this box on your form.**

Section B - Designation of Beneficiaries

The following individual(s) shall be my beneficiary(ies). (Please check primary or contingent for each individual beneficiary). If any primary beneficiary predeceases me, the contingent beneficiary(ies) shall acquire the designated share of my account.

Name _____ Phone _____ Primary

Address _____ City _____ State _____ Zip _____ Contingent

Social Security # _____ Date of Birth _____ Relationship _____ Share a %

Name _____ Phone _____ Primary

Address _____ City _____ State _____ Zip _____ Contingent

Social Security # _____ Date of Birth _____ Relationship _____ Share a %

Name _____ Phone _____ Primary

Address _____ City _____ State _____ Zip _____ Contingent

Social Security # _____ Date of Birth _____ Relationship _____ Share a %

Name _____ Phone _____ Primary

Address _____ City _____ State _____ Zip _____ Contingent

Social Security # _____ Date of Birth _____ Relationship _____ Share a %

Attach additional sheet, if needed, for beneficiary designations.

Please check just one:

If a child of mine is listed as a primary beneficiary or contingent beneficiary and fails to survive me, his or her share shall go to my other children in equal shares

OR

If a child of mine is listed as a primary beneficiary or contingent beneficiary and fails to survive me, his or her share shall go to his or her issue (my grandchildren) by right of representation.

The payor may rely fully on this designation, and I agree to promptly notify the payor if there is any change in the status of any primary or contingent beneficiary.

Section C - Signature

Participant's Signature _____ Date _____

Return to Eddie Cantu – District Secretary Treasurer, South Central Hispanic District
PO Box 1790, Springdale, AR 72765
Phone: 479.236.0533 Email: schd.sec@gmail.com
Please keep a copy for your records