

South Central Hispanic District Council of the Assemblies of God Standard Life Insurance 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 # _____

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 _____%

Name _____ Phone _____ Primary

Address _____ City _____ State _____ Zip _____ Contingent

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

Name _____ Phone _____ Primary

Address _____ City _____ State _____ Zip _____ Contingent

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

Name _____ Phone _____ Primary

Address _____ City _____ State _____ Zip _____ Contingent

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

Name _____ Phone _____ Primary

Address _____ City _____ State _____ Zip _____ Contingent

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

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 _____