



Life Insurance Beneficiary Designation Form

For Use with Employer-Paid Basic Life and AD&D Master Group Policy 29352J
(For Supplemental Life Beneficiary Designation, please use the AIG Application for Group Voluntary Programs)

MEC Participating Group Name: _____

Insured's Name (print): _____

Employee ID number: _____

In accordance to the terms of the above policy, I the undersigned, hereby designate the following as my Beneficiary (or Beneficiaries) if surviving the Insured:

1.) _____

(Indicate Full Name and Relationship - Example: Jane Anne Doe, Wife, Not Mrs. John Doe.)

Above Named is (check one) PRIMARY or CONTINGENT to receive (percentage) _____ %.

2.) _____

(Indicate Full Name and Relationship)

Above Named is (check one) PRIMARY or CONTINGENT to receive (percentage) _____ %.

3.) _____

(Indicate Full Name and Relationship)

Above Named is (check one) PRIMARY or CONTINGENT to receive (percentage) _____ %.

Other _____

Above Named is (check one) PRIMARY or CONTINGENT to receive (percentage) _____ %.

Please note Primary Designation is paid first, Contingent Designation is paid secondary in absence of surviving Primary Designation. If electing more than one primary, or more than one contingent; all PRIMARY Percentages shall add to EXACTLY 100% and all CONTINGENT Percentages shall add to EXACTLY 100%.

Examples of "Other" – "Estate of the Insured"; "All Children"; "All Children of Marriage to (Primary Beneficiary)" for Equal Contingent shares provided to survivors (a.k.a. per stirpes).

If no beneficiary survives the Insured, payment shall be made in accordance with the terms of the policy. The right to further change the beneficiary reserved without the consent of the beneficiary.

Insured's Signature: _____

City/State _____ Date: _____

Please print, sign and date in ink. Do not correct or use white-out; please use new form.

PLEASE RETAIN A COPY FOR YOUR RECORDS

MEC Nov-2007