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Please use this form to name beneficiaries for your \$5,000 term life policy.

Start here (select one of the following):

, ZLVK WR HOHFV FR YFRUPLS JHWV B B B < HV REPSOHWHLRQ RQO\

, ZLVK WR %FKQQLHU RUPDWLRQ BBBBB FRPSOHWH

SECTION 1:

3DWLSFDIOP HBBBBBBBBBBBBBBBBBBBBBBB BDUVBIBBLESEBOW B B B B B B B B B
 \$ G U H V B
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 + R P K R Q B

SECTION 2: Beneficiary Information

35,055<

)XOO 1DPH RI %HQHILW \$GGUHV RFLDO 6HFXULW\ 5HC
 BBBBBBBBBBBBBBBB BBBBBBBBBBBBBBBBBBBB BBBBBBBBBBBBBBBBBB BBBBBB
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&217,1*(17

)XOO 1DPH RI %HQHILW \$GGUHV RFLDO 6HFXULW\ 5HC
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%HQHILFLDU\ (DPSOHV
 7ZR 3ULPDU\ %HQHILFLDULHV
 3HWHU 6PLWK \$PHULFD 6W \$Q\WRZQ 86\$ +XVEDQG
 3DP 6PLWK \$PHULFD 6W \$Q\WRZQ 86\$ 'DXJKWHU

2QH 3ULPDU\ 2QH &RQWLQJHQW %HQHILFLDULHV
 3ULPDU\
 3HWHU 6PLWK \$PHULFD 6W \$Q\WRZQ 86\$ +XVEDQG
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 3DP 6PLWK \$PHULFD 6W \$Q\WRZQ 86\$ 'DXJKWHU

SECTION 3: Signature

/LIH ,QVXUDQFH SURYLGHG E\ 7KH 6WDQGDUG 3RUWODQG 2UHJF
 3ULQW 1DPH BBBBBBBBBBBB BBBBBBBBBBBB BBBBBBBBBBBBBBB 'DWH B B B

BY MAIL: BY FAX:

2IILFH RI +XPDQ 5HVRXUFHV
 %HQHILWV 5HWLUHH
 \$GPLQLVWUDWRQ %OGJ
 :DUHQVEXUJ 02