

# Gerber Life Insurance Company

## BENEFICIARY DESIGNATION

State of North Carolina

NCFlex AD&D

New Designation     Change

Apply Designation to:    Voluntary AD&D Only     Core AD&D Only     Both Voluntary and Core AD&D

If you would like to designate separate beneficiary(ies) for Core and Voluntary AD&D, please complete a separate form for each.

Please complete and return to:

**A C Newman & Co.**

PO Box 492517

Redding, CA 96049-2517

(800) 257-0930

### SECTION 1: Employee's Information

Name (First, Middle initial, Last)

Social Security Number

Name of current employer - Division

### SECTION 2: Primary Beneficiary (ies)

I designate the person (s) named below as my primary beneficiary (ies) to receive payment under the policy in the event of my death. The share of any primary beneficiary who is no longer living or is otherwise disqualified by law at the time of my death, will pass to any remaining beneficiary (ies) in equal shares.

1. \_\_\_\_\_ %  
Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Relationship \_\_\_\_\_ Address 1 \_\_\_\_\_  
Social Security Number \_\_\_\_\_ Address 2 \_\_\_\_\_
2. \_\_\_\_\_ %  
Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Relationship \_\_\_\_\_ Address 1 \_\_\_\_\_  
Social Security Number \_\_\_\_\_ Address 2 \_\_\_\_\_
3. \_\_\_\_\_ %  
Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Relationship \_\_\_\_\_ Address 1 \_\_\_\_\_  
Social Security Number \_\_\_\_\_ Address 2 \_\_\_\_\_

### SECTION 3: Contingent Beneficiary (ies)

I designate the person (s) named below as my primary beneficiary (ies) to receive payment only if all primary beneficiary (ies) predecease me or are otherwise disqualified by law.

1. \_\_\_\_\_ %  
Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Relationship \_\_\_\_\_ Address 1 \_\_\_\_\_  
Social Security Number \_\_\_\_\_ Address 2 \_\_\_\_\_
2. \_\_\_\_\_ %  
Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Relationship \_\_\_\_\_ Address 1 \_\_\_\_\_  
Social Security Number \_\_\_\_\_ Address 2 \_\_\_\_\_
3. \_\_\_\_\_ %  
Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Relationship \_\_\_\_\_ Address 1 \_\_\_\_\_  
Social Security Number \_\_\_\_\_ Address 2 \_\_\_\_\_

### SECTION 4: Authorization and Signature

By signing this document, I understand and agree to the following: This beneficiary designation revokes all prior designations. This beneficiary designation form will apply to my Gerber Life Insurance plan established in connection with my employer's plan. If more than one primary beneficiary is named and no percentages are indicated, payment will be made in equal shares to my primary beneficiary (ies) who survive (s) me or if the percentages listed do not add up to 100%. Gerber Life Insurance Company will disburse the benefit pursuant to its discretion and/or pursuant to the above policy provisions if applicable.

Employee Signature

Date