

LIFE INSURANCE BENEFICIARY CHANGE FORM
HILAND DAIRY FOODS COMPANY

I hereby revoke any previous beneficiary designation(s) for my group term life insurance and/or accidental death and dismemberment insurance issued to this group or employer and direct that the insurance proceeds payable under the policy be paid as indicated below.

Employee Name		Social Security Number
Employee Address		Telephone Number
Policyholder/Employer Hiland Dairy Foods Company	Branch	Employer Number (417) 862-9311

NAMING THE BENEFICIARY

It is important that your beneficiary designation be clear so that there will be no question as to your intent. It is also important that you name a primary and contingent beneficiary. When naming your beneficiary(ies) please indicate their full name, address, social security number and relationship. If the beneficiary is not related either by blood or marriage, insert the words, "**Not Related.**" On the reverse side of this form you will find examples of common beneficiary designations.

PRIMARY BENEFICIARY (IES)
Name: _____ Date of Birth: _____
Address: _____
Social Security Number: _____ Relationship: _____ Benefit Percent: _____
Name: _____ Date of Birth: _____
Address: _____
Social Security Number: _____ Relationship: _____ Benefit Percent: _____

CONTINGENT BENEFICIARY (IES)
Name: _____ Date of Birth: _____
Address: _____
Social Security Number: _____ Relationship: _____ Benefit Percent: _____
Name: _____ Date of Birth: _____
Address: _____
Social Security Number: _____ Relationship: _____ Benefit Percent: _____

I, the undersigned, reserve the right to change the beneficiary(ies) without the consent of said beneficiary(ies).

Signature of Employee _____ Date _____

Beneficiary Designations

- Designations should be as clear as possible so there will be no question as to their meaning.
- With regard to dependent life insurance coverage, the beneficiary will standardly be the employee.
- If the beneficiary is not related to the insured by blood or marriage, the words “NOT RELATED” should be written next to the name of the beneficiary.
- If you name more than one beneficiary and proceeds are not intended to be divided equally, the details must be spelled out:

Example #1: John Doe 75% and James Doe 25%

Example #2: Mary Jones, Mother 33 ¹/₃% and Edith Jones, Wife 66 ²/₃%

- A **Contingent Beneficiary** is used when there is a death claim, but the **Primary Beneficiary** is no longer living. It is a good idea to have a contingent beneficiary if your spouse is named as your primary beneficiary.

Following are examples of the most common beneficiary designations:

- ◆ Mary J. Doe, Wife (do not write Mrs. John Doe)
- ◆ Estate of the Insured.
- ◆ Susie Smith, Not Related
- ◆ In the following example, John Doe will receive 100% of the benefit. However, if John Doe is deceased at the time of the death claim, then 50% of the benefit will go to James Doe, and the other 50% will go to Susie Doe.

PRIMARY BENEFICIARY(IES)

Name: John Doe Date of Birth: 02/18/1950
Address: 456 Lone Pine, Cinnamon, MI 54321
Social Security Number: 333-22-4444 Relationship: Spouse Benefit Percent: 100

CONTINGENT BENEFICIARY(IES)

Name: James Doe Date of Birth: 10/15/1980
Address: 1219 Main Street, Cinnamon, MI 54321
Social Security Number: 123-12-1234 Relationship: Son Benefit Percent: 50

Name: Susie Doe Date of Birth: 07/15/1987
Address: 456 Lone Pine, Cinnamon, MI 54321
Social Security Number: 123-45-6789 Relationship: Daughter Benefit Percent: 50