



Beneficiary Designation Form

Employer/Group Section (To be completed by the employer/plan administrator. Required fields are marked with an asterisk(*).)

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| *Employer/Group Name: | Group ID: |
|-----------------------|-----------|

Employee/Member Section (Please print clearly. Required fields are marked with an asterisk(*).)

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|--------------------------|---------------------------|------------|------------------|
| *Last Name: | *First Name: | MI: | |
| *Social Security Number: | *Birth Date (MM/DD/YYYY): | *Gender: | *Marital Status: |
| *Street Address: | Email Address: | | |
| *City: | *State: | *ZIP Code: | Telephone: |

Beneficiary for Death Benefits (Right to change beneficiary is reserved to the insured.)

Subject to the terms of the group contract(s), between Bankers Fidelity Life Insurance Company and said employer, I request that the following beneficiary (beneficiaries) be substituted under said contract(s) as my designated beneficiary (beneficiaries), in lieu of any and all beneficiaries previously named by me.

If more than one beneficiary is named, the beneficiaries shall share benefits equally unless otherwise stated below. If indicating benefit percentages, the percentages must total 100% for Primary Beneficiaries and 100% for Contingent Beneficiaries. Unless otherwise expressly provided, if any beneficiary designated below predeceases me, the share which such beneficiary would have received if such beneficiary had survived me shall be payable equally to the remaining designated beneficiary or beneficiaries. If no designated beneficiary survives me, the beneficiary shall be determined as prescribed in the group contract(s).

Primary Beneficiary Designation

| Last Name | First Name | Relationship to Insured | Date of Birth (MM/DD/YY) | Social Security No (if known) | Product Line of Coverage | Benefit Percentage (%) |
|-------------------|------------|-------------------------|--------------------------|-------------------------------|--------------------------|------------------------|
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| Percentage Total: | | | | | | 100% |

Contingent Beneficiary Designation

| Last Name | First Name | Relationship to Insured | Date of Birth (MM/DD/YY) | Social Security No (if known) | Product Line of Coverage | Benefit Percentage (%) |
|-------------------|------------|-------------------------|--------------------------|-------------------------------|--------------------------|------------------------|
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| Percentage Total: | | | | | | 100% |

Agreement and Signature

I understand that this Designation of Beneficiary shall apply to all insurance contracts issued to me by Bankers Fidelity Life Insurance Company, unless I make a separate designation for each coverage, either on or after the date of this designation. I also understand that this Designation of Beneficiary is subject to change as provided in the group contract(s).

By signing below, I acknowledge that (a) I understand and agree to the terms of this form as noted above; and (b) this Designation of Beneficiary is effective as of the date submitted, subject to the terms of the Certificate.

SIGNATURE OF EMPLOYEE/MEMBER _____ DATE ____/____/____