Designation of Beneficiary Form



Employer/Group Section	(To be completed by the	employer/plan a	administrator. R	equired fields	are marked with	an asterisk(*).)	
*Employer/Group Name:		Group ID:					
Employee/Member Section	on (Please print clearly	Required fields a	are marked with	an asterisk(*).)		
*Last Name:			*First Name:			MI:	
*Social Security Number:	*Social Security Number: *Birth Date (MM/DD/YYYY):		*G	*Gender:		*Marital Status:	
*Street Address:			Email Address:				
*City:			*ZIP Cod	*ZIP Code: Telephone:			
Beneficiary for Death Benefits (Right to change beneficiary is reserved to the insured.)							
Subject to the terms of the g I request that the following I in lieu of any and all benefic If more than one beneficiary	group contract(s), betwe beneficiary (beneficiarie ciaries previously named	en Mutual of Ones) be substituted by me.	naha or a comp d under said co	oany affiliated ontract(s) as	my designated b	eneficiary (bene	eficiaries),
percentages, the percentage expressly provided, if any be beneficiary had survived me beneficiary survives me, the	eneficiary designated be e shall be payable equal	elow predecease ly to the remain	es me, the shar ing designated	e which such beneficiary o	beneficiary wou or beneficiaries.	ıld have received	d if such
Primary Beneficiary Design	gnation			1			T
Last Name	First Name	Relationship to Insured	Date of Birth (MM/DD/YYYY)		ddress of Benefi ddress, City, Stat		Benefit Percentage (%)
Secondary Beneficiary De	signation				Pe	ercentage Total:	100%
Last Name	First Name	Relationship to Insured	Date of Birth (MM/DD/YYYY)		ddress of Benefi ddress, City, Stat		Benefit Percentage (%)
					Da	ercentage Total:	100%
Agreement and Signature	2				1 (creentage rotat.	10070
I understand that this Des company affiliated with M this designation. I also un By signing below, I ackno	lutual of Omaha, unlest derstand that this Des	ss I make a sep signation of Be	parate designa neficiary is su	ation for eac ibject to cha	h coverage, eit nge as provide	her on or after d in the group	the date of contract(s).
Designation of Beneficiary is effective as of the date submitted.							
SIGNATURE OF EMPLOYER	E/MEMBER				DATE	/	_/