## **GUIDE CHART**



COMMON BENEFICIARY DESIGNATIONS			
Proposed Beneficiary	Insert Name		
1. Wife	Jane Doe		
2. Named Children	Mary Doe & James Doe		
3. Children of Insured	Johnny Doe and Cindy Doe		
4. Children per stirpes*	Children per stirpes		
5. Children born of a particular	Children born of the marriage of the Insured and Jane Doe		
6. Estate of the Insured	Estate of the Insured		
7. Corporation	ABC Company, Inc.		
8. Partnership	Smith & Jones Partnership		
9. Trustee under Trust Agreement	(name of Trustee), or successor(s) in Trust, as Trustee under the(name of Trust) dated(date of Trust)		
10. Creditor a interest appears, and balance to Wife	ABC Company, Inc. as its interest appears and any balance to Jane Doe		
11. 50% to Wife, 50% to Daughter	50% to Mary Doe, 50% to Jane Doe		
12. Trustee Under Last Will & Testament	Trustee named in Last Will & Testament. If no Trustee qualifies or if no Will is admitted to probate within six months of the Insured's death then to the Executors or Administrators of the Insured.		
13. Dollar Amounts (if percentages cannot be applied)	\$50,000 to Jane Doe, wife \$25,000 to Sam Doe, brother  Note: The following clause must be on the form: "If the total amount of proceeds is not sufficient to provide the full amount due to each said beneficiary, or if the total amount due exceeds the specified amount due to each said beneficiary, the proceeds will be applied proportionately."		

SIGNATURE REQUIREMENTS If current Owner(s) is/are **Signature Requirements** 1. An Individual The individual signs the form. 2. Joint Owners All owners sign the form. The signature of two authorized officers, including his or her title over company 3. A Corporation name, or one officer with title under corporate seal. The signature of the trustee(s) with the title "Trustee" appearing next to the 4. A Trust signature, as well as the name and date of the Trust. The signature of at least two partners other than insured, with the title "Partner" 5. A General Partnership appearing next to the signatures as well as the name of the Partnership. The signature of the General Partner, with the title "General Partner" appearing 6. A Limited Partnership next to the signature, as well as the name of the Partnership.

\*Proceeds are divided equally among named beneficiaries. If a beneficiary dies before the Insured, their proceeds shall be paid to the beneficiary(ies) children. For each beneficiary give full name and relationship to the Insured.



## **Request for Change of Beneficiary**

ADA Member Name:		
ADA Member Number:	Certificate Number:	
Name of the Insured:Daytime Phone:		
	l return it to Great-West Financial by fax or mail 2001.) From this information, a Change of Benef ou.	
Note: Any amount payable upproceeds and paid out in the sa	nder the Accidental Death Benefit (life insurance) name manner, unless otherwise required.	ce only) will be merged with
I hereby revoke any previous a death.	appointment and appoint the following as benefic	ciary of any moneys payable upon
	<b>DESIGNATION OF BENEFICIARY</b>	
PRIMARY:		
Full Name	Relationship to Insured*	Percent of Benefit (must equal 100%)
CONTINGENT: (if Pri proceeds are 6	mary Beneficiary predeceases the Insured OR dies afte exhausted)	r the Insured but before
Full Name	Relationship to Insured*	Percent of Benefit (must equal 100%)
Signature of Member:	Date:	
Signature of Owner:	Date: _	

\*For identification purposes, please provide a social security number(s) for designations not family related. State of Virginia residents are required to provide addresses for all beneficiaries named.

## **GREAT-WEST FINANCIAL**