

# Beneficiary Designation



**Existing Policies:** *This designation replaces all prior beneficiary designations for the policy listed.*

**New Applications:** *Put all beneficiaries on this form OR on the application — not both!*

See reverse for instructions. Contact Policy Services at 1-800-336-4538 with questions.

|  |  |  |
|--|--|--|
| <b>1. POLICIES</b>                             |  | Policy Number(s) (leave blank with applications) |
| Insured Name (Last, First, MI)                 |  | Owner SSN/TIN(s)                                 |
| Owner Name(s) (Last, First, MI or entity name) |  |  |

## 2. BENEFICIARIES (Name, Social Security Number, Birth Date and Relation are required for all beneficiaries.)

Upon the death of the insured, the death benefit from these policies will be paid to the surviving beneficiaries.

- Death benefits are only paid to contingent beneficiary(ies) if there is no surviving primary beneficiary(ies).
- A share percent must be designated. If multiple beneficiaries, percentages must add up to 100% per class of beneficiary. **If not stated, designations will be made in equal shares.**
- If no beneficiaries are living at the insured's death, the benefit will be paid to the owner (or the owner's estate).
- If a trust is being designated, please provide trust or will documentation, including amendments, with this form.
- Use additional paper if more space is needed.
- **To name an Irrevocable Beneficiary, please contact Policy Services.**

| Name<br>(Last, First, MI or entity information) | SSN<br>(or TIN) | Birth Date<br>(mm/dd/yyyy) | Relation<br>(to Insured) | Share<br>(%) |
|---|-----------------|----------------------------|--------------------------|--------------|
| Primary(ies)                                    |                 |                            |                          |              |
| Contingent(s)                                   |                 |                            |                          |              |

|  |   |
|--|---|
| <b>PER STIRPES:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes | <b>COMMON DISASTER:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes: _____ days (30 max) |
|--|---|

## 3. SIGNATURES (This signed form must be received by Armed Forces Mutual before changes are processed.)

|                                 |                          |
|---------------------------------|--------------------------|
| Owner Signature(s) (or Trustee) | Date Signed (mm/dd/yyyy) |
|---------------------------------|--------------------------|

|  |                          |
|--|--------------------------|
| OFFICE USE ONLY. Approved by Secretary, by authority of the Board of Directors | Date Signed (mm/dd/yyyy) |
|--|--------------------------|

**When completed, email to: [beneficiary@aafmaa.com](mailto:beneficiary@aafmaa.com) or fax to: 1-888-210-4882.**

## Beneficiary Designation Information

Only the policy owner is authorized to designate and change beneficiaries. The owner may designate any individual(s), legal entity or estate. The owner may change the beneficiary designation at any time prior to the death of the insured and without the consent or knowledge of the beneficiaries. If the prior designation contains an irrevocable beneficiary, that beneficiary must approve the change in writing. In cases of a court order, an amended court order must accompany this form.

Beneficiary changes must be made in on our forms, and are effective on the date signed by the owner, after receipt and written approval by Armed Forces Mutual. Armed Forces Mutual is not responsible for any payment or other action taken before approval. Contact Policy Services if you do not receive written approval within 30 days of mailing this completed and signed form to Armed Forces Mutual.

### DESIGNATING A BENEFICIARY:

**Individual** — Must be identified by full name, address, Social Security Number (SSN), Birth Date and Relation to Insured, unless designating all children. "All children" does not include step-children unless they are legally adopted.

Some examples are listed below (provide full SSN):

|               | Name<br>(Last, First, MI or entity information) | SSN<br>(or TIN)            | Birth Date<br>(mm/dd/yyyy) | Relation<br>(to Insured) | Share<br>(%) |
|---------------|---|----------------------------|----------------------------|--------------------------|--------------|
| Primary(ies)  | Smith, Jane A.                                  | XXX-XX-4321                | 1/2/1969                   | Spouse                   | 100          |
| Contingent(s) | Smith, William E.<br>Smith, Roberta G.          | XXX-XX-5432<br>XXX-XX-6543 | 1/2/2003<br>10/4/2004      | Child<br>Child           | 50<br>50     |
| Primary(ies)  | Smith, John J.                                  | XXX-XX-7654                | 2/3/1967                   | Former Spouse            | 100          |
| Contingent(s) | All children of the insured,<br>born or adopted | N/A                        | N/A                        | Children                 | N/A          |

**Legal Entity (including Trusts)** — Must be identified by full legal name, address and Taxpayer Identification Number (TIN). If a trust is designated as beneficiary, provide trust name, date signed and names of trustees. **Please provide copies of the trust or will including any amendments.** Payment will be made to the surviving named living trustees. Armed Forces Mutual is not bound by the terms of the trust or liable for the disposition of the benefit by the trustees.

|  | Name<br>(Last, First, MI or entity information)                                     | SSN<br>(or TIN) | Birth Date<br>(mm/dd/yyyy) | Relation<br>(to Insured) | Share<br>(%) |
|--|---|-----------------|----------------------------|--------------------------|--------------|
|  | ABC Alumni Association<br>City, State Zip   | XX-7654321      | N/A                        | N/A                      | 100          |
|  | John E Smith Trust<br>Dated 13 May 2000<br>Jane A Smith, Trustee or successor       | XX-6543210      | N/A                        | N/A                      | 100          |
|  | Testamentary Trust<br>Trustee of Trust<br>established in my Last Will and Testament | XX-5432109      | N/A                        | N/A                      | 100          |

### PER STIRPES:

If a deceased beneficiary has:

- (a) living children, divide that share equally between them, or
- (b) living children and/or descendants of deceased children, such descendants take by representation.

### COMMON DISASTER:

If the common disaster clause is selected, at the insured's death the primary beneficiary(ies) must survive the insured by a specified period (up to 30 days) in order to receive the policy proceeds. Otherwise, the policy proceeds will be paid as though the primary beneficiary had died before the insured.

# Beneficiary Information



Supplemental Form to the Beneficiary Designation

**Although complete contact information is not required to designate a beneficiary, please provide as much of the following information as you have to expedite payment at the time of a claim. If your beneficiaries live with you, just write "same as owner/insured." Do not use this sheet to designate beneficiaries—only to provide information for your named beneficiaries. If you have any questions, please contact Policy Services at 1-800-336-4538 .**

| 1. POLICIES                                   | Policy Number(s) |
|---|------------------|
| Insured Name(s) (Last, First MI)              |                  |
| Owner Name(s) (Last, First MI or entity name) |                  |

| 2. BENEFICIARIES      |   |
|-----------------------|---|
| Name (Last, First MI) | Social Security Number/Taxpayer ID Number   |
| Mailing Address       |   |
| Email                 | Phone <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work |
| Name (Last, First MI) | Social Security Number/Taxpayer ID Number   |
| Mailing Address       |   |
| Email                 | Phone <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work |
| Name (Last, First MI) | Social Security Number/Taxpayer ID Number   |
| Mailing Address       |   |
| Email                 | Phone <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work |
| Name (Last, First MI) | Social Security Number/Taxpayer ID Number   |
| Mailing Address       |   |
| Email                 | Phone <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work |
| Name (Last, First MI) | Social Security Number/Taxpayer ID Number   |
| Mailing Address       |   |
| Email                 | Phone <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work |
| Name (Last, First MI) | Social Security Number/Taxpayer ID Number   |
| Mailing Address       |   |
| Email                 | Phone <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work |

**When completed, email to: [beneficiary@aafmaa.com](mailto:beneficiary@aafmaa.com), fax to: 1-888-210-4882  
or mail to: Policy Services, Armed Forces Mutual, 1856 Old Reston Ave, Ste 200, Reston, VA 20190.**