

Continuance of Section D – Beneficiaries

This form is to be used when the owner of the policy applied for would like more than four (4) beneficiaries designated on the policy.

Percentages for each beneficiary class (primary and contingent) must total 100%. Multiple beneficiaries of the same class will share the death benefit equally unless percentages are listed.

Primary Beneficiaries

Name		Address	
Date of Birth	Social Security/Tax ID Number	Relationship	Percent
Name		Address	
Date of Birth	Social Security/Tax ID Number	Relationship	Percent
Name		Address	
Date of Birth	Social Security/Tax ID Number	Relationship	Percent
Name		Address	
Date of Birth	Social Security/Tax ID Number	Relationship	Percent
Name		Address	
Date of Birth	Social Security/Tax ID Number	Relationship	Percent

Contingent Beneficiaries

Name		Address	
Date of Birth	Social Security/Tax ID Number	Relationship	Percent
Name		Address	
Date of Birth	Social Security/Tax ID Number	Relationship	Percent
Name		Address	
Date of Birth	Social Security/Tax ID Number	Relationship	Percent
Name		Address	
Date of Birth	Social Security/Tax ID Number	Relationship	Percent
Name		Address	
Date of Birth	Social Security/Tax ID Number	Relationship	Percent

Signature of Primary Proposed Insured/Personal Representative

Date: _____