

Policy/Certificate Holders Name:	Policy/Certificate Number
Policy/Certificate Holders Address:	Social Security #

City, State, Zip Code

**BENEFICIARY INFORMATION:** Complete this form to designate a beneficiary or change the beneficiary designation. Include full proper name, address, phone number, Social Security # and relationship of proposed beneficiary (s). If no designated beneficiary survives the Insured, settlement will be made to the estate of the Insured.

**PRIMARY:** The undersigned hereby requests that all previous primary beneficiary designations be revoked and makes the following designations. If more than one primary beneficiary is designated, then proceeds will be divided equally.

Name:	Name:
Address:	Address:
City, State, Zip Code	City, State, Zip Code
Phone No.:	Phone No.:
Social Security No.:	Social Security No.:
Relationship:	Relationship:

**CONTINGENT (SECONDARY):** Receive benefits ONLY if no Primary Beneficiary survives the Insured.

The undersigned hereby requests that all previous contingent beneficiary designations be revoked and makes the following designations (if no entry is made, previous designations and/or elections will remain unchanged). If more than one contingent beneficiary is designated, then proceeds will be divided equally.

Name:	Name:
Address:	Address:
City, State, Zip Code	City, State, Zip Code
Phone No.:	Phone No.:
Social Security No.:	Social Security No.:
Relationship:	Relationship:

You may add additional Primary or Contingent Beneficiaries on the back of this form. You must indicate a "P" for Primary or "C" for Contingent for each person.

X \_\_\_\_\_  
Signature of Policy/Certificate Holder

\_\_\_\_\_  
Date

X \_\_\_\_\_  
Signature of Witness (person cannot be a designated beneficiary,  
FHL representative is permitted to be witness)

\_\_\_\_\_  
Date