

AAFMAA 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!

Please PRINT clearly in blue or black ink.

1. POLICIES	
Policy Number(s) (leave blank with new applications)	
Name of Insured (Last, First MI)	
Name of Owner(s) (Last, First MI or entity name)	SSN/TIN of Owner(s)

2. BENEFICIARIES
<p>Upon the death of the insured, the death benefit from these policies will be paid to the surviving beneficiaries. If shares are designated, any unpaid shares to deceased beneficiaries will be divided among the surviving entitled beneficiaries unless otherwise stipulated. No payment will be made to any contingent beneficiaries unless all primary beneficiaries are deceased. If no beneficiaries are living at the insured's death, the benefit will be paid to (or to the estate of) the owner.</p>
<p>OPTIONAL selections (explanations are on the reverse side of this page):</p> <p>Share: Enter percent to pay to each beneficiary.</p> <p>Settlement: Enter a LETTER: A. Life Annuity B. Life Annuity w/10 years certain C. Interest Only D. Lump Sum</p> <p>Restricted: Beneficiaries may change the selected settlement options unless "YES" is written.</p>

Name (Last, First MI or entity information)	SSN (or TIN)	Relationship to Insured	Share (%)	Settlement	Restricted
Primary(ies)					
Contingent(s)					
<small>Explanations of these options are on the reverse side of this page.</small>		PER STIRPES: <input type="checkbox"/> No <input type="checkbox"/> Yes	COMMON DISASTER: <input type="checkbox"/> No <input type="checkbox"/> Yes: _____ days (30 max)		

3. SIGNATURES (Original signatures must be received by AAFMAA before form can be processed.)	
Signature of Owner(s) (or Trustee)	Date (mm/dd/yyyy) / /
Signature of Irrevocable Beneficiary(ies)*	Date (mm/dd/yyyy) / /

**If an Irrevocable Beneficiary has been previously designated, such person must sign this change form.*

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