

Beneficiary Designation

Group Plans

See directions on back before completing

1. TO BE COMPLETED BY EMPLOYER

Name of employee: _____ Social Security number (last four digits): _____

Employer name: _____ Employer number: _____

2. BENEFICIARY DESIGNATION

Employee term life insurance (and AD&D if applicable) **Relationship** **Birth date** **Social Security number**

Primary beneficiary:* _____ / / _____

Primary beneficiary:* _____ / / _____

Secondary beneficiary:* _____ / / _____

Secondary beneficiary:* _____ / / _____

Employee optional term life **Relationship** **Birth date** **Social Security number**

Primary beneficiary:* _____ / / _____

Secondary beneficiary:* _____ / / _____

Personal accident insurance **Relationship** **Birth date** **Social Security number**

Primary beneficiary:* _____ / / _____

Secondary beneficiary:* _____ / / _____

* Show full given name

In order for a minor child(ren) to receive a death benefit, a guardian must be legally appointed to administer the property. If you designate more than one beneficiary, the benefit will be paid to your primary beneficiary(ies) living at the time of your death, in equal shares unless otherwise indicated. If no primary beneficiary survives you, the benefit will be paid to the secondary beneficiary(ies) living at the time of your death and in equal shares unless otherwise indicated. If no primary or secondary beneficiary survives you, payment will be made according to the group contract. All prior beneficiary designations, if any, are revoked.

If this Beneficiary Designation provides for payment to trustee under a trust agreement, neither the insurance company nor GuideStone shall be obligated to inquire into the terms of the agreement and shall not be charged with knowledge of the terms thereof. Payment to and receipt by the trustees shall fully discharge all liability of the insurance company and GuideStone to the extent of such payment.

Participant signature: _____ Date signed: _____ / _____ / _____

Witness signature:** _____ Date signed: _____ / _____ / _____

** Cannot be a listed beneficiary

Employer return completed form to: Insurance Operations — Group Plans
GuideStone Financial Resources, SBC
2401 Cedar Springs Road
Dallas, TX 75201-1498

Or, you may also fax it to: 214-720-2105

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Instructions for Completing the Group Plans Beneficiary Designation Form

Use of form

Use of this form is to designate beneficiary(ies) for the Group Plans.

General directions

- This form must be typed or completed in ink.
- The information and signatures must be clear and legible with no crossouts, overwriting or liquid paper.
- Complete all applicable information.
- Date and sign your name. Have the form signed and dated by a witness.
- Make a copy of the completed form for your records.
- Return the completed form to your employer.

Instructions for completing each section

Section 1 – To be completed by employer: Complete the general information as indicated.

Section 2 – Beneficiary designation: In addition to listing your beneficiary's name, be sure to include the relationship, date of birth and Social Security number.

- To designate one person, insert the name and relationship in the spaces provided. If your beneficiary is not related to you, show relationship as "Friend."
- If you wish to name your estate, insert "Estate" in the blank space.
- It is inadvisable to name a beneficiary who is a permanent resident of a foreign country. If such a person is named, furnish full address.
- If you need additional space for designating beneficiaries, write "see attached" in space for beneficiary designation and attach a separate page titled, "Attachment to Beneficiary Form."

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