



Employee Benefit Trust
 1205 Windham Parkway
 Romeoville, IL 60446
 800.807.9460 / 630.378.3005 fax

PLEASE NOTE: Do Not Use This Form to Change the Beneficiary Designation.

**Life Insurance and Long-Term Disability Form for
 Christian Brothers Employee Benefit Trust**

Location Name <input type="text"/>		Location Number <input type="text"/>		Employee's Name <input type="text"/>		
Employee's Home Street Address <input type="text"/>				City <input type="text"/>	State <input type="text"/>	Zip Code <input type="text"/>
Email Address <input type="text"/>		Phone Number <input type="text"/>		Employee Social Security Number <input type="text"/>		Date of Birth <input type="text"/>
Annual Salary <input type="text"/>	Occupation <input type="text"/>			First Active Day of Work <input type="text"/>	Enrollment Use Only	Effective Date of Coverage <input type="text"/>
<input type="checkbox"/> Male <input type="checkbox"/> Female				<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced		

Primary Beneficiary Designation (If additional beneficiaries, please attach additional page)

Full Name (Last, First, Middle Initial)	Relationship	Date of Birth	Share %
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Contingent Beneficiary Designation (If additional beneficiaries, please attach additional page)

In the event said primary beneficiary(ies) predecease(s) the insured, I designate as contingent beneficiary(ies)

Full Name (Last, First, Middle Initial)	Relationship	Date of Birth	Share %
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Payment will be made in equal share or all to the survivor unless otherwise indicated. If no beneficiary or contingent beneficiary designated shall be living following the insured's death, the amount payable by reason of the insured's death shall be payable as provided in the Group Policy.

Signature of Employee <input type="text"/>	Date <input type="text"/>
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Popular Beneficiary Designations

Be sure to use given names such as "Mary M. Doe", not Mrs. John Doe". The following sample designations may be helpful to you.

Type of Beneficiary	Standard Wording
1. insured's estate	my estate
2. one beneficiary	Anna L. Doe wife
3. two beneficiaries	John A. Doe, father, and Mary I. Doe, mother, equally or to the survivor
4. three or more beneficiaries	John A. Doe, father, and Mary I. Doe, mother, and Henry J. Doe, son, equally or to the survivor(s)
5. one beneficiary and one contingent beneficiary	Anna L. Doe, wife, if living; otherwise, Henry J. Doe, son
6. one beneficiary and two or more contingent beneficiaries	Anna L. Doe, wife, if living, otherwise Henry J. Doe, son, Alice G. Doe, daughter, equally or to the survivor
7. one beneficiary and three or more contingent beneficiaries	Anna L. Doe, wife, if living, otherwise Henry J. Doe, Alice G. Doe and Charles B. Doe, children, equally or to the survivor(s)
8. two beneficiaries and one contingent beneficiary	John A. Doe, father, and Mary I. Doe, mother, equally or to the survivor; otherwise, Anna L. Doe, wife
9. two beneficiaries in unequal portions	three-quarters of the proceeds to John A. Doe, father, if living, and one-quarter to Anna L. Doe, mother, if living, the share of a deceased beneficiary to be paid to the survivor, if any
10. trust with individual trustees	Richard Doe and John Smith, trustees, or a successor in trust under (trust name) established (date of trust agreement)
11. present or living trust	ABC Bank and Trust Company, Des Moines, Iowa, trustee or successor in trust under (trust name) established (date of trust agreement), provided however that the company has received within 180 days of the death of the insured, evidence satisfactory to the existence of such trust; otherwise to the estate of the insured.
12. testamentary trust	Trustee of the Mary L. Doe trust or successor in trust established by the last will and testament of the insured

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