Beneficiary Designation Form

Please retain a copy for the insured.



Date Signed

advanceinsurance.com Employer AICK Group Number Class Section 1 – Insured Information (always complete this section) First Name MI Social Security Number Suffix Last Name **Section 2A** – Primary Beneficiary Designation This beneficiary designation will apply to all benefits with Advance Insurance Company of Kansas (AICK). If it does not, you should indicate which benefits the change applies to: ☐ Basic Term Life and Accidental Death & Dismemberment (AD&D) ☐ Voluntary Term Life (and AD&D, if applicable) ☐ Voluntary Employee Accident/Family Accident Primary beneficary information (receives the benefit upon death of the insured): The proceeds will be paid in equal shares to the persons shown below unless you state otherwise. If you need more space, attach a separate sheet with complete information. You must sign and date the separate sheet. First Name MI Relationship to Applicant Last Name Relationship to Applicant First Name Suffix Last Name Section 2B — Contingent Beneficiary Designation (you must complete Section 2A if you fill out this section) Contingent beneficary information (receives the benefit only if the beneficiary(ies) in Section 2A is/are deceased): If there is more than one Contingent Beneficiary listed below, the proceeds will be paid in equal shares unless you state otherwise. If you need more space, attach a separate sheet with complete information. You must sign and date the separate sheet. First Name Relationship to Applicant Last Name Suffix MI First Name Relationship to Applicant Last Name **Section 3** – Authorization (signature and date are required)

Email completed form to: csc-advance@advanceinsurance.com; or fax to 785-290-0727

Insured Employee Signature

Your signature required