FORT DEARBORN LIFE
Insurance Company®
Chicago, Illinois

Beneficiary Form

Return completed form to: CoreSource
5200 Upper Metro Place #300,
Dublin, OH 43017
Toll-free#: (800) 282-3920

❑ New ❑ Change

PLEASE TYPE OR PRINT WITH BALLPOINT PEN.

NAME OF EMPLOYEE — LAST	FIRST	MIDDLE INITIAL	SEX	DATE OF BIRTH	DATE OF HIRE (FULL TIME)
			M ❑ F ❑	MO / DAY / YEAR	MO / DAY / YEAR

SOCIAL SECURITY NO. (THIS IS YOUR CERTIFICATE NO.)

EMPLOYER	GROUP NO.	AGENCY

Irrevocable Beneficiary: ❑ Yes ❑ No **Note:** If you select irrevocable beneficiary, you may not change the beneficiary without the consent of the irrevocable beneficiary. An irrevocable beneficiary has a vested interest in the proceeds of the contract, therefore the contract holder cannot exercise certain rights without the permission of the irrevocable beneficiary.

BENEFICIARY Must Be Completed

If two or more primary beneficiaries are named, and you do not list benefit percentages, proceeds will be paid in equal shares to the named primary beneficiaries who survive you. If no primary beneficiary survives you, proceeds will be paid to the contingent beneficiary(ies). If you list benefit percentages, the total must equal 100%. SEE BELOW FOR DETAILS.

First Name	Last Name	Date of Birth	Social Security Number	Relationship	Benefit %
Primary		MO / DAY / YEA			%
Primary		MO / DAY / YEAR			%
Contingent		MO / DAY / YEAR			%
Contingent		MO / DAY / YEAR			%

WARNING: Any person who, knowingly and with intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act which is a crime and subjects such person to criminal and civil penalties. (Not enforceable in Oregon or Virginia.)

SIGNATURE OF EMPLOYEE OR MEMBER _____ DATE SIGNED ____/____/____ MO DAY YEAR

FOR FDL USE ONLY
Effective Date
/ /

Important Note For Married Employees: If you reside in AZ, CA, ID, LA, NV, NM, TX, WA or WI, and you name someone other than your spouse as primary beneficiary, your spouse's consent will be necesary to allow your spouse to waive his or her rights to any community property interest in the benefits. We have provided a space below for your spouse's signature. Payment of benefit may be delayed or disputed unless your spouse signs.

Spousal Consent for Community Property States Only: I hereby consent to the Primary Beneficiary designated by my spouse and understand that this consent supersedes any prior spousal consent under this plan.

Spouse Signature _____ Date _____ ❑ Employee has no legal spouse

Primary Beneficiary: The primary beneficiary is the person(s) you name to receive death benefits. You may name more than one beneficiary. ***If you specify benefit percentages, the total must equal 100%.***
If you do not specify benefit percentages, proceeds will be paid in equal shares to the primary beneficiaries who survive you.

Contingent Beneficiary: The contingent beneficiary is the person(s) you name to receive death benefits if no primary beneficiary survives you. ***If you specify benefit percentages, the total must equal 100%.***

No Beneficiary: If you do not name a beneficiary, or if no beneficiary survives you, we will pay death benefits in the order of survivorship shown in your group certificate.