



Mutual of Omaha

# Designation of Beneficiary Form

## Policyholder Section

Policyholder Name: **United Food and Commerical Workers Union Local 1442** Group ID: **G000ABJP**

## Insured Member Section (Required fields are marked with an asterisk (\*))

*Last Name:		*First Name:		MI:
*Social Security Number:		*Birth Date (MM/DD/YYYY):		*Marital Status:
*Street Address:			E-mail Address:	
*City:	*State:	*Zip Code:	*Telephone:	

## Basic Life and AD&D Beneficiary for Death Benefits (Right to change beneficiary is reserved to the insured.)

Subject to the terms of the group contract(s), between United of Omaha Life Insurance Company and said policyholder, I request that the following beneficiary (beneficiaries) be substituted under said contract(s) as my designated beneficiary (beneficiaries), in lieu of any and all beneficiaries previously named by me.

If more than one beneficiary is named, the beneficiaries shall share benefits equally unless otherwise stated below. If indicating benefit percentages, the percentages must total 100% for Primary Beneficiaries and 100% for Secondary Beneficiaries.

Unless otherwise expressly provided, if any beneficiary designated below predeceases me, the share which such beneficiary would have received if such beneficiary had survived me shall be payable equally to the remaining designated beneficiary or beneficiaries, if any, who survived me, but if no designated beneficiary survives me, the beneficiary shall be determined as prescribed in the group contract(s).

## Primary Beneficiary Designation

Last Name	First Name	Relationship to Insured	Date of Birth (MM/DD/YYYY)	Address of Beneficiary (Address, City, State, Zip)	Benefit Percentage (%)
<b>Percentage Total:</b>					<b>100%</b>

## Secondary Beneficiary Designation

Last Name	First Name	Relationship to Insured	Date of Birth (MM/DD/YYYY)	Address of Beneficiary (Address, City, State, Zip)	Benefit Percentage (%)
<b>Percentage Total:</b>					<b>100%</b>

## Insured Member Agreement and Signature

I, understand that this Designation of Beneficiary refers only to a basic life and AD&D insurance contract, and that if I am also insured under any other insurance contract issued by Mutual of Omaha or a company affiliated with Mutual of Omaha, this designation shall apply to all contracts unless I make a separate designation on or after the date of this designation. I, also understand that this Designation of Beneficiary is subject to change as provided in the group contract(s).

\_\_\_\_\_  
Signature of Insured Member

\_\_\_\_\_  
Date of Signature

Return original beneficiary form to policyholder administrator: UFCW Local 1442, 550 Continental Blvd., Suite #130, El Segundo, CA 90245

## Community Property Consent – To Be Completed by the Insured Member's Spouse, if Applicable

**Important Note:** Because you live in a community property state, if you have designated someone other than your spouse as a beneficiary, state law requires that your spouse consent to such designation. If you do not obtain your spouse's consent to the foregoing designation(s), then such designation(s), may not be effective. Use of the term "spouse" on this form refers to the person to whom the insured above is legally married, or the insured's domestic partner or equivalent, as recognized and allowed by federal law, or by state law in your state of residence.

I, \_\_\_\_\_ (INSERT INSURED SPOUSE'S FULL NAME), do hereby consent to the foregoing beneficiary designation(s).

\_\_\_\_\_  
Signature of Insured's Spouse

\_\_\_\_\_  
Date

State of \_\_\_\_\_

County of \_\_\_\_\_

Personally appeared before me, the above named \_\_\_\_\_ (INSERT INSURED SPOUSE'S FULL NAME), personally known to me, who, being duly sworn, deposes and says that he or she executed the foregoing consent.

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

My commission expires: \_\_\_\_\_

\_\_\_\_\_  
(Notary Public)