

American United Life Insurance Company[®] a OneAmerica Financial[®] company
One American Square, P.O. Box 368, Indianapolis, IN 46206-0368 • 1-317-285-1877



Instructions - Please Read Carefully and Submit All Required Information

The form is to be completed by the Employee, then submitted to the Employer. The Employer should submit all completed forms to the Small Business Association of Michigan per the directions below.

All group and traditional life and disability business forms should be submitted to Small Business Association of Michigan (SBAM), and the SBAM Member Care team will forward to the appropriate party at OneAmerica Financial.[®] Submit to:

1. Email to membercare@sbam.org
2. Mail forms to: Small Business Association of Michigan
101 S. Washington Square, Suite 900
Lansing, MI 48933
3. Overnight forms to: Small Business Association of Michigan
101 S. Washington Square, Suite 900
Lansing, MI 48933

If you have any questions when completing this form, please contact the SBAM Member Care Team at membercare@sbam.org or 1-877-949-7226.

Follow completion directions beginning on page 2.

Beneficiary Designation Under Group Life Insurance Policy

Products and financial services provided by American United Life Insurance Company® a ONEAMERICA® company
 One American Square, P.O. Box 6123
 Indianapolis, IN 46206-6123
 1-800-553-5318 Fax: 1-888-285-1565
 www.employeenefits.aul.com



IMPORTANT: PLEASE READ INSTRUCTIONS AND SAMPLE DESIGNATIONS ON REVERSE SIDE BEFORE COMPLETING FORM.

CHECK IF BENEFICIARY FOR: All Policies or Basic Life Supplemental Voluntary Term Life AD&D
 List Other _____

Group Policy/Participating Unit Number			
Name of Group Policyholder/Participating Unit			
Name of Insured Person			
Insured Person's SSN		Insured Person's Date of Birth	

Subject to the provisions of the policy, applicable laws, and the rights of any valid assignee of record with American United Life Insurance Company® (AUL), it is requested the beneficiary of any policy proceeds payable at the death of the Insured Person be as follows:

PRIMARY BENEFICIARY(S)

Name	Relationship	Address	DOB	SSN	Percentage
Total¹					

CONTINGENT BENEFICIARY(S) IF THE PRIMARY BENEFICIARY(S) PREDECEASES YOU

Name	Relationship	Address	DOB	SSN	Percentage
Total²					

It is understood and agreed upon receipt of this beneficiary designation by AUL at its principal office, such beneficiary designation will become effective and shall relate back to the date this beneficiary designation is signed, but without prejudice to AUL on account of any payment made prior to the receipt of and acknowledgement of the validity of the beneficiary designation by AUL. AUL shall not be obligated to honor this beneficiary designation unless and until it has been received by AUL, acknowledged by the appropriate officer of AUL, and determined by AUL to comply with applicable law at the time a claim is made. This beneficiary designation supersedes and cancels all prior beneficiary designations by the Insured Person for the policy(s) indicated. If no beneficiary designation is named on any additional AUL coverage, the undersigned understands that this beneficiary designation will be used by AUL for any additional coverage.

The undersigned hereby declares that he/she has not been declared incompetent and no court order or laws prevent naming the above designee(s). It is agreed that AUL assumes no responsibility for the validity or effect of any purported beneficiary designation or transfer of rights under the policy.

The undersigned represents and warrants any information or documents provided to AUL by the undersigned prior to and after the date of the application for insurance and the facts and other matters contained in the foregoing are true and accurate to the best of the undersigned's knowledge and belief. The undersigned understands and agrees: 1) any insurance coverage or benefits is contingent upon any statements made to AUL as being complete and correct and 2) benefits under any policy will be paid only if AUL decides the applicant is entitled to them under the policy.

<i>Signature of Insured</i>	<i>Signature of Witness</i> <i>(The Witness must have no interest in the policy/contract or be a named beneficiary)</i>
<i>Printed Name</i>	<i>Printed Name</i>
<i>Date</i>	<i>Date</i>

Lack of Notice of Community Property Interest: If AUL has not previously received written notice of a community property interest and if the space for consent below is not signed by a person having such an interest, then AUL shall be entitled to rely upon its good faith that no such interest exists. AUL assumes no responsibility of inquiry regarding such interest and, in consideration of acknowledgement of this designation, the insured person listed above, for himself/herself and his/her estate, heirs, successors and assigns, agrees to indemnify AUL and hold it harmless from the consequences of acknowledging this beneficiary designation.

Spouse's signature and consent (if applicable):³ _____ Date _____

¹ Total percentage must equal 100%. If percentages do not equal 100%, then benefits will be paid on a pro-rata basis, according to the percentages shown. If no percentages are shown, benefits will be distributed equally.

² Total percentage must equal 100%. If percentages do not equal 100%, then benefits will be paid on a pro-rata basis, according to the percentages shown. If no percentages are shown, benefits will be distributed equally.

³ Spouse's signature is needed only if Insured/Beneficiary lives in a community property state which currently include AZ, CA, ID, LA, NM, NV, TX, WA and WI.

SAMPLE BENEFICIARY DESIGNATIONS

The beneficiary wording should be absolutely clear and without question as to whom the proceeds are to be paid. Listed below are sample beneficiary designations. Please note state laws may prohibit naming certain entities and individuals as a beneficiary. If you live in a community property state, you should obtain the signature of your spouse if your spouse will not be named as a primary beneficiary. Community property states currently include: AZ, CA, ID, LA, NM, NV, TX, WA and WI.

To ensure the correct individual or entity receives the benefits and the intended benefit amount, please provide the following:

- The beneficiary's social security number, tax identification number and date of birth.
- Distribution of proceeds should be shown in fractions or percentages if multiple beneficiaries are designated. Do not list dollar amounts as the amount of the insured's life benefit may change. If no distribution is shown, benefits will be divided equally among the living beneficiaries.

ACCEPTABLE BENEFICIARY DESIGNATIONS

- 1) **One Beneficiary** – State the full name and relationship to the insured.
Sample: John Doe, husband
- 2) **Two Beneficiaries in Equal Shares** –
Sample: Jane Doe and Mary Doe, cousins, in equal shares, or their survivors.
- 3) **Three or More Beneficiaries in Equal Shares** –
Sample: Jane Doe, Mary Doe, and Richard Doe, cousins, in equal shares, or their survivors.
- 4) **Two Beneficiaries in Succession** – If the primary beneficiary dies, the second person named will receive the proceeds and is known as the contingent beneficiary.
Sample: Martha Doe, wife, or, in the event of her death, Richard Doe, cousin.
- 5) **Three or More Beneficiaries in succession** – If the primary and secondary beneficiaries die, the third person named will receive the proceeds.
Sample: Martha Doe, wife, or, in the event of her death, Richard Doe, cousin, or in the event of his death, Jane Doe, niece.
- 6) **One Beneficiary Followed by Two Beneficiaries in Equal Shares** –
Sample: Martha Doe, wife, or, in the event of her death, Jane Doe and Mary Doe, cousins, in equal shares, or their survivors.
- 7) **One Beneficiary Followed by Three or More Beneficiaries in Equal Shares** –
Sample: John Doe, husband, or, in the event of his death, Jane Doe, Mary Doe, and Richard Doe, cousins, in equal shares, or their survivors.
- 8) **Two Beneficiaries Shown in Percentages** –
Sample: John Smith, cousin 40%, Sally Smith, aunt 60%.
- 9) **Two or More Beneficiaries Shown in Percentages** –
Sample: Mary Doe, wife 50%, Jane Doe, cousin 25%, John Doe, cousin 25%.
- 10) **Estate** – Do not identify the name of the executor of executrix since this name may change as wills are updated.
Sample: Estate of John Doe
- 11) **Custodian for Minor Children** – Please note any minor child beneficiary designation should nominate a custodian (i.e. bank, adult, trustee) followed by the words "as custodian for (*minor child's name*) under the (*child's residential state*) uniform transfers to minors act." This designation may avoid a court appointed guardianship for the payment of the death benefit.
Sample: John Doe as custodian for Jimmy Smith under the Indiana Uniform Transfers to Minors act.
- 12) **Trust Agreement** – State the name of the trust and the date of the trust agreement.
Sample: John Doe Trust dated _____. Payment to trustee shall discharge the company.
- 13) **Wife or Unnamed Children** –
Sample: Martha Doe, wife, or in the event of her death, our children, if any, or their survivors.
- 14) **Unnamed Children** –
Sample: Children, if any, in equal shares, or their survivors.
- 15) **Beneficiary - No Relationship** –
Sample: Mary Doe, friend
- 16) **To a Church or Organization** – It is preferable to indicate both the name and address and the wording "or its successors or assigns."
Sample: Christ Lutheran Church or its successors or assigns
- 17) **Irrevocable Beneficiary** – This is acceptable, but not preferable, as the beneficiary must then approve any future beneficiary change.
Sample: John Smith, husband, irrevocable beneficiary.
- 18) **Employee Unable to Sign** – This designation must contain the person's mark and be signed by two disinterested witnesses.

UNACCEPTABLE BENEFICIARY DESIGNATIONS

- 1) **Collateral assignments**, e.g. to banks, finance companies, etc. as creditors on a loan.
- 2) **The Employer**
- 3) **Funeral Homes**