

EMPLOYER INFORMATION								
GROUP NUMBER	SUBGROUP/CLASS		EMPLOYER NAME				EFFECTIVE DATE	
EMPLOYEE INFORMATION								
LAST NAME		FIRST	MI	SEX (M/F)	BIRTHDATE (MM/DD/YYYY)		HIRE DATE	
CONTRACT NUMBER		SOCIAL SECURITY #		HOME PHONE			WORK PHONE	
MAILING ADDRESS			CITY		STATE		ZIP	E-MAIL ADDRESS

Southern National Life Insurance, Inc. (SNL) offers the following coverage(s), each of which allows you to name beneficiaries. If you don't name any beneficiaries, the benefits of your life coverages may be paid to your estate, in accordance to your Life Certificate. You may have one or more of these coverages. You have the opportunity to name beneficiaries for each of the coverages detailed in this form.

Primary Life Beneficiaries:

- You may designate one or more primary beneficiaries.
- If you designate more than one beneficiary, benefits will be paid in equal shares to all of them unless you indicate percentages.
- If you indicate percentages, whether for one or more beneficiaries, **please make sure that they all add up to exactly 100%**. Mathematical mistakes in this form may have consequences. If the total percentage indicated is less than 100%, we will pay benefits according to percentage noted, and any unassigned remainder may be paid to your estate according to your Life Certificate. If the indicated percentage total is more than 100%, we will reduce designated percentages proportionately among surviving primary beneficiary (ies).
- We will not pay benefits to any contingent beneficiary unless all of your primary beneficiaries have died before you or are otherwise incapable to receive the benefits. If you designate more than one beneficiary and any of them dies before you, or are otherwise incapable to receive the benefits, the percentage assigned to such beneficiary may be paid to your estate in accordance with your Life Certificate.

Contingent (Secondary) Beneficiaries:

- You may designate one or more contingent beneficiaries to receive the benefits in the event that none of the primary beneficiaries survive you or are otherwise incapable to receive the benefits.
- If you designate more than one beneficiary, benefits will be paid in equal shares to all of them unless you indicate percentages.
- If you indicate percentages, whether for one or more beneficiaries, **please make sure that they all add up to exactly 100%**. Mathematical mistakes in this form may have consequences. If the total percentage indicated is less than 100%, we will pay benefits according to percentage noted, and any unassigned remainder may be paid to your estate according to your Life Certificate. If the indicated percentage total is more than 100%, we will reduce designated percentages proportionately among surviving primary beneficiary (ies).

If you have multiple group life or accidental death coverages with SNL and do not indicate a beneficiary for each type of coverage, we may pay benefits for the coverage that has no beneficiary to your estate in accordance with your Life Certificate.

If you have more than one type of coverage and you use this form to change beneficiaries for some but not all coverages, we will use any previous beneficiary designation for coverage(s) not affected by this change.

Use the following relationship example wording when designating a beneficiary.	Husband	Son	Brother	Grandfather	Uncle	Step-Son	Nephew	Fiancée
	Wife	Daughter	Sister	Grandmother	Aunt	Step-Daughter	Niece	Other

Enrollee's Last Name _____ First Name _____ Subscriber Number _____ Group Number/Subgroup _____ / _____

GROUP TERM LIFE with or without embedded ACCIDENTAL DEATH benefit. (GTL & AD&D)									
Primary Beneficiary(ies)	Last Name	First Name	M	Date of Birth	Address	Social Security #	Relationship to You	Percent	
									____%
									____%
									____%
								Must = 100%	
Contingent Beneficiary(ies)	Last Name	First Name	M	Date of Birth	Address	Social Security #	Relationship to You	Percent	
								____%	
								____%	
								____%	
								Must = 100%	
VOLUNTARY TERM LIFE with or without embedded ACCIDENTAL DEATH benefit. (VGTL & VAD&D)									
Primary Beneficiary(ies)	Last Name	First Name	M	Date of Birth	Address	Social Security #	Relationship to You	Percent	
								____%	
								____%	
								____%	
								Must = 100%	
Contingent Beneficiary(ies)	Last Name	First Name	M	Date of Birth	Address	Social Security #	Relationship to You	Percent	
								____%	
								____%	
								____%	
								Must = 100%	
VOLUNTARY HIGH LIMIT ACCIDENTAL DEATH (VHL/VHLF)									
Primary Beneficiary(ies)	Last Name	First Name	M	Date of Birth	Address	Social Security #	Relationship to You	Percent	
								____%	
Contingent Beneficiary(ies)								____%	
								____%	

I designate the beneficiary(ies) shown above to receive sums which may become due on account of my death under the group coverage(s) provided and approved by SNL. If you use this form or a system to change beneficiary designation for a specific coverage, you hereby revoke all prior beneficiary designations for that coverage.

Employee's Signature

Employee's Signature Date