



Arch Insurance Company

Beneficiary Designation Form

Use this form to designate a beneficiary(ies) for your Accidental Loss of Life Benefit Amount. See page 2 for important information on choosing beneficiary(ies). Complete a new form if you want to designate a new or additional beneficiary(ies)

Policyholder Name and Address

Name

Address

Insured Information

Insured Last Name First Name Middle Initial

Social Security Number Daytime Telephone Number

Beneficiary Information

I am: (Please check appropriate box.)

- Designating a beneficiary(ies) for the first time Changing a previous designation

<i>Primary Beneficiary(ies)</i> Full Name (Last, First, MI)	Address	Birth Date	Social Security	Relationship to	Share %

<i>Contingent Beneficiary(ies)</i> Full Name (Last, First, MI)	Address	Birth Date	Social Security	Relationship to	Share %

Authorization

For the beneficiary designation(s) I have indicated, I understand that if one of my primary beneficiaries is not living when the benefit is paid, the amount will be divided equally among any remaining beneficiaries. I also understand that no amount will be paid to a contingent beneficiary as long as at least one of my primary beneficiaries is living. I understand that I must complete a new Beneficiary Designation Form if I want to change or revoke my beneficiary designation.

Insured Signature _____ Date _____

Please make a copy of this form for your records and return the original

Designate a primary and contingent beneficiary for insurance coverage. Refer to the sample wording below for guidance. A contingent beneficiary receives payment in the event the primary beneficiary dies before you do. If you want more than one person to be your beneficiary, please indicate the percentage of the benefit each one should receive (must add up to 100%). If a beneficiary dies before you, his or her benefits will be shared equally among any remaining beneficiaries. Attach a separate signed and dated sheet of paper if you need more space. If you have a change in your family status (such as marriage; divorce; or the birth of a child), you may want to update your beneficiary designations.

Sample Beneficiary Designations

Type of Beneficiary	Sample Wording
One beneficiary.....	Doe, John A.; Birthdate; SSN; Husband; 100%
Two beneficiaries	Doe, Mary A.; Birthdate; SSN; Mother; 50% Doe, Rich B.; Birthdate; SSN; Father; 50%
Two beneficiaries in unequal shares.....	Doe, Amy J.; Birthdate; SSN; Mother; 75% Doe, Mark F.; Birthdate; SSN; Father; 25%
Three or more beneficiaries in unequal shares	Doe, Paul A.; Birthdate; SSN; Father; 75% Doe, James B.; Birthdate; SSN; Brother; 25% Doe, Jaclyn C.; Birthdate; SSN; Sister; 25%
Mark Doe, trustee under trust agreement; Jane Doe Revocable Trust; xxx Main Street; Any Town, State 00000; Dated Month day, year; and amendments or supplements thereto. Any payment to the trustee shall discharge the Plan from any and all liability to the extent of such payment.	

If your beneficiary designations do not fit within the tables on the front of this form, feel free to write the appropriate designation(s) on a separate sheet of paper. Sign and date the separate sheet and attach it to this form.

- All beneficiary designations **must be legible and written in ink.**
- The beneficiary's name must always be shown in full (Last; First; MI), and the relationship to you must be stated.
- If the designated beneficiary is not related to you, the relationship should be "friend."
- The beneficiary section should never contain corrections or crossed-out words.
- The beneficiary designation should be specific. It should not include wording such as "either/or" ; and/or."
- Your right to designate a beneficiary is subject to applicable state law. **Note:**
For specific legal implications regarding beneficiary designations, contact your attorney.