

Arch Insurance Company

BENEFICIARY DESIGNATION

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

INSURED INFORMATION

Outfitter/Owner Name _____

Guide/Participant Name _____

Guide/Participant Social Security Number _____ Guide/Participant DOB _____

BENEFICIARY INFORMATION

I am: (Please check appropriate box.)

Designating a beneficiary(ies) for the first time

Changing a previous designation

Primary Beneficiary(ies) Full Name	Relationship	Address	DOB	SS Number	%

Percentage must total 100%

Contingent Beneficiary(ies) Full Name	Relationship	Address	DOB	SS Number	%

Percentage must total 100%

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 _____

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BENEFICIARY DESIGNATION

AUTHORIZATION

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.; Husband; Birthdate; SSN; 100%
Two beneficiaries.....	Doe, Mary A.; Mother; Birthdate; SSN; 50% Doe, Rich B.; Father; Birthdate; SSN; 50%
Two beneficiaries..... In unequal shares	Doe, Amy J.; Sister; Birthdate; SSN; 75% Doe, Mark F.; Brother; Birthdate; SSN; 25%
Three or more beneficiaries..... In unequal shares	Doe, Paul A.; Father, Birthdate; SSN; 50% Doe, James B.; Brother, Birthdate; SSN; 25% Doe, Jaclyn C.; Sister, Birthdate; SSN; 25%
Trustee.....	Mark Doe, trustee under trust agreement; Jane Doe Revocable Trust; 000 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 section 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.