

BENEFICIARY DESIGNATION FORM
 Life Insurance Company of North America



Employer Name Michigan Education Special Services Association (MESSA)

Employee Name _____ Employee Social Security # _____

Current Address _____ City _____ State _____ ZIP _____

Home Phone _____ Work Phone _____ *please enter all dates in mm/dd/yyyy format*

Primary and Contingent Beneficiaries – Unless you designate a percentage, proceeds are paid to primary surviving beneficiaries in equal shares. Proceeds are paid to contingent beneficiaries only when there are no surviving primary beneficiaries. If you designate contingent beneficiaries and do not designate percentages, proceeds are paid to the surviving contingent beneficiaries in equal shares. Unless otherwise provided, the share of a beneficiary who dies before the insured will be divided proportionately among the surviving beneficiaries in the respective category (primary or contingent).

Negotiated Life Insurance, Life Insurance Company of North America - Policy No. FLI-980011

| Employee's Primary Beneficiary(ies): | Relationship to Employee | Social Security Number | Date of Birth | % (total must equal 100%) |
|---|--------------------------|------------------------|---------------|---------------------------|
| | | | | |
| | | | | |
| | | | | |
| Employee's Contingent Beneficiary(ies): | Relationship to Employee | Social Security Number | Date of Birth | % (total must equal 100%) |
| | | | | |
| | | | | |
| | | | | |

Non-Negotiated Life Insurance, Life Insurance Company of North America - Policy No. FLI-980012

| Employee's Primary Beneficiary(ies): | Relationship to Employee | Social Security Number | Date of Birth | % (total must equal 100%) |
|---|--------------------------|------------------------|---------------|---------------------------|
| | | | | |
| | | | | |
| | | | | |
| Employee's Contingent Beneficiary(ies): | Relationship to Employee | Social Security Number | Date of Birth | % (total must equal 100%) |
| | | | | |
| | | | | |
| | | | | |

If you need additional space using the above format, attach a separate piece of paper with the appropriate policy number, the date, and your signature.

Note: This form is not complete without your signature. Please sign the form where indicated.

Community Property Laws - If you are married, reside in a community property state (Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington or Wisconsin), and name someone other than your spouse as beneficiary, it is possible that payment of benefits may be delayed or disputed unless your spouse also signs the beneficiary designation.

Spouse Signature _____ Date ____/____/____

Owner Signature _____ Date ____/____/____



MESSA

Good health. Good business. Great schools.

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East Lansing, MI 48826-2560

800.292.4910

www.messa.org

Beneficiary Address Form

Employee Name: _____

Employee Social Security #: --

Provide the name, address, and relationship for each designated beneficiary.

Name _____

Address _____

Relationship _____

Name _____

Address _____

Relationship _____

Name _____

Address _____

Relationship _____

Name _____

Address _____

Relationship _____

Name _____

Address _____

Relationship _____

Name _____

Address _____

Relationship _____

Name _____

Address _____

Relationship _____

Name _____

Address _____

Relationship _____

Name _____

Address _____

Relationship _____

Name _____

Address _____

Relationship _____

