



Phone: (800) 225-3859
Fax: (847) 615-4943
Hours: Monday – Thursday 7:00am to 7:00pm CST
 Friday 7:00am to 6:00pm CST
Email: CustomerCare@ulafac.com
Website: www.Aflacgroupinsurance.com

BENEFICIARY DESIGNATION FORM

Insured's Name: _____ Social Security Number of Insured: _____

Owner of Policy: _____ Policy/Certificate Number: _____

- All beneficiary designations on the Policy/Certificate made prior to this date are revoked.
- If multiple parties are designated as beneficiaries and there are no instructions, proceeds will be paid equally or to the survivors.
- The beneficiary or beneficiaries of the Policy/Certificate from this date shall be as follows:

Please note the primary beneficiary percentages must add up to 100%. In addition, the contingent beneficiary percentages must also add up to 100%.				
BENEFICIARY (Last, First, M.I.)	Beneficiary Type	%	Relationship to Insured	Date of Birth
	<input type="checkbox"/> Primary <input type="checkbox"/> Contingent			
Address	Phone#	Social Security #		
BENEFICIARY (Last, First, M.I.)	Beneficiary Type	%	Relationship to Insured	Date of Birth
	<input type="checkbox"/> Primary <input type="checkbox"/> Contingent			
Address	Phone#	Social Security #		
BENEFICIARY (Last, First, M.I.)	Beneficiary Type	%	Relationship to Insured	Date of Birth
	<input type="checkbox"/> Primary <input type="checkbox"/> Contingent			
Address	Phone#	Social Security #		
BENEFICIARY (Last, First, M.I.)	Beneficiary Type	%	Relationship to Insured	Date of Birth
	<input type="checkbox"/> Primary <input type="checkbox"/> Contingent			
Address	Phone#	Social Security #		

Any Policy/Certificate provision which requires endorsement of a beneficiary change on the Policy/Certificate form is deleted by mutual agreement of the owner and the company. The beneficiary may be changed at any time during the insured's lifetime by written request satisfactory to the company. Such change will be binding on the company only when received at its home office, but when received shall take effect as of the date it was signed by the Owner, subject to any action taken or payment made by the company before receipt and regardless of whether or not the Insured is living on the date of receipt.

This designation is made subject to all other terms and conditions of the Policy/Certificate and any assignments on record with the company.

X _____
 Owner Signature

 Date

X _____
 Spouse Signature Community Property
 States (AZ, CA, ID, LA, NV, NM, TX, WA, WI)

 Date