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LIFE INSURANCE BENEFICIARY FORM ACTIVE / DISABLED EMPLOYEE

I. POLICY IDENTIFICATION

PARTICIPANT'S NAME	DESERET MUTUAL ID NUMBER
DAYTIME PHONE NUMBER	EVENING PHONE NUMBER

II. BENEFICIARY DESIGNATION

Individual Beneficiary (If you need additional space, please see the back of the form)

If more than one primary beneficiary is listed, please list the percentage of the benefit each beneficiary should receive. This number should equal 100 percent for each section. Likewise, if there is an alternate beneficiary, please list the percentage of the benefit each beneficiary should receive. If you don't list a percentage, the benefit will be divided equally among those listed. **To designate a different primary beneficiary for each plan, use additional forms.**

If a beneficiary is a minor and no trustee has been named to receive his/her benefit, a guardian must be appointed by the court through court proceedings. A certificate of the appointment and qualification of the guardian must be submitted to Deseret Mutual. If no guardian is appointed, the funds will be held at simple interest until the minor comes of age and requests payments.

If you do not name a beneficiary, benefits will be paid to your estate, as provided for by the plan.

- Group Term Life Insurance / Occupational Accidental Death & Dismemberment
- Supplemental Group Term Life Insurance
- 24-hour Accidental Death & Dismemberment Insurance
- All of the above life insurance coverages

(If you choose additional life insurance coverage in the future, you must complete a new beneficiary form.)

I hereby revoke all prior beneficiary designations and directions for settlement, if any, and change the beneficiary(ies) of the policy to the following (to list a business, trust, or additional beneficiaries, please see the back of this form):

BENEFICIARY FIRST AND LAST NAME (PLEASE PRINT) REQUIRED		SOCIAL SECURITY NUMBER REQUIRED		
ADDRESS REQUIRED (WRITE "SAME" IF BENEFICIARY LIVES WITH YOU)		CITY	STATE	ZIP CODE
BIRTH DATE REQUIRED	RELATIONSHIP	SEX <input type="checkbox"/> Male <input type="checkbox"/> Female	TYPE OF BENEFICIARY REQUIRED <input type="checkbox"/> Primary <input type="checkbox"/> Alternate	% OF BENEFIT

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_____ EMPLOYEE SIGNATURE REQUIRED	_____ DATE
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ADDRESS REQUIRED (WRITE "SAME" IF BENEFICIARY LIVES WITH YOU)		CITY	STATE	ZIP CODE
BIRTH DATE REQUIRED	RELATIONSHIP	SEX <input type="checkbox"/> Male <input type="checkbox"/> Female	TYPE OF BENEFICIARY REQUIRED <input type="checkbox"/> Primary <input type="checkbox"/> Alternate	% OF BENEFIT

TRUST OR BUSINESS DESIGNATION

Trust as Beneficiary (optional)				
<input type="checkbox"/> Primary	Trust name:	_____	% of Benefit:	_____
<input type="checkbox"/> Alternate	Address:	_____	Tax ID No.	_____
Deseret Mutual assumes no obligation under the terms of the trust.				

Business as Beneficiary (optional)				
<input type="checkbox"/> Primary	Full business name:	_____	% of Benefit:	_____
<input type="checkbox"/> Alternate	Address:	_____	Tax ID No.	_____
	Company officer name:	_____	Title:	_____