



Beneficiary Change Authorization

3809 Lake Eastbrook Blvd SE, Grand Rapids, MI 49546

INSTRUCTIONS FOR EMPLOYER:

1. Please assure that all spaces are completed in full.
2. Please validate this form once the beneficiary change is completed.
3. Please keep a copy of this form with the enrollment record (to be submitted with life claim).
4. Questions should be referred to the Associated Mutual Customer Service Department.

Subject to the terms of my Group Insurance Policy, I amend and revoke any former beneficiary named by me, and I now designate as Beneficiary:

Name (Last)	(First)(Middle)	Relationship	
Address (Street)	(City)	(State)	(Zip Code)

Printed Employee Name: _____ Date: ____/____/____

Employee Signature: _____ Date: ____/____/____

Employee Social Security Number: ____/____/____

Witness Signature: _____

Group Policy Number: _____

Employer Validation: _____

If two beneficiaries are to share jointly, the last name entered should be followed by the words "equally or to the survivor"; if three or more beneficiaries are to share jointly the last name entered should be followed by the words "the survivor or survivors equally". If the interest of one beneficiary is to be contingent to the interest of another, after the name of the first beneficiary the following words should be placed, "if living, otherwise to".

All information not already given as to the full name and relationship of the proposed beneficiary should be filled in. If the proposed beneficiary is a married woman, her own given names must be furnished, not those of her husband.

Mail Form To: Associated Mutual Insurance
 Attn: Eligibility Department
 3809 Lake Eastbrook Blvd SE, Grand Rapids, MI 49546
 Phone (800) 370-4349