

## BENEFICIARY DESIGNATION

Insured's Name *(Please print)*:

\_\_\_\_\_

(LAST) (FIRST) (INITIAL)

Death Benefits to be payable to:

\_\_\_\_\_

(LAST) (FIRST) (INITIAL)

Relationship: \_\_\_\_\_

Beneficiary's Address:: \_\_\_\_\_

Policy Issued to: \_\_\_\_\_

Policy Number: \_\_\_\_\_ (DATE)

Insured's Signature

Insured's Spouse, if required (see NOTE)

	Relationship	Percentage of Benefit
Beneficiary's Name		
Address		
Beneficiary's Name		
Address		

**NOTE:** If this beneficiary designation is someone other than the spouse of the insured, the spouse of the insured must join in the execution of this beneficiary designation if the insured resides in Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington, or any other community property state.

**A.C. NEWMAN & COMPANY  
CORRESPONDENTS, INC.**

**GERBER LIFE  
INSURANCE COMPANY**