

RETURN THIS COMPLETED FORM TO: Hallmark Retiree Service Center  
P.O. Box 14464  
Des Moines, IA 50306-3464  
1-877-228-9061

# BENEFICIARY DESIGNATION FORM

**IMPORTANT: PLEASE READ THE INSTRUCTIONS BEFORE COMPLETING!**

NOTICE TO INSURED MEMBER: This form may be declared void and of no effect if it is incomplete or completed in an unsatisfactory manner.

1. **Print Name of Insured:** \_\_\_\_\_  
First Middle Last

2. **Insured's Certificate Number:** \_\_\_\_\_

3. **Choice of Revocable Beneficiaries of the Primary Insured**

I revoke any previous choice of beneficiary and contingent beneficiary under the above certificate number and any previous choice of settlement options, which apply to any amount payable under the policies upon my death.

**(A) Revocable Beneficiary**

I name the following Revocable Beneficiary (ies) to receive any amount payable under the above policies upon my death:

(Please print) Name	Address	Date of Birth	Relationship to Insured	Shares %

**(B) Revocable Contingent Beneficiaries**

If no Revocable Beneficiary (ies) named above is/are living, I name the following Revocable Contingent Beneficiaries to receive any amount payable under the above policies upon my death:

(Please print) Name	Address	Date of Birth	Relationship to Insured	Shares %

**Provisions**

Unless otherwise agreed herein, I expressly reserve the right to change the beneficiary designation above, without the consent of the beneficiary (ies).

If any trustee is designated above, the insurer shall not be obligated to inquire into the terms of the trust and will be fully discharged from all liability after payment of the death proceeds as provided under the policy.

**Agreements**

The retiree life benefit under the Hallmark Retiree benefit plan is subject in every respect to the terms as outlined in the group policyholder's contract. Hallmark reserves the right to amend or terminate any of the benefit programs at any time

Dated at: \_\_\_\_\_, on \_\_\_\_\_  
City State Month Day Year

\_\_\_\_\_  
Signature of Insured Member or, if Applicable, Assignee

\_\_\_\_\_  
Signature of Witness other than beneficiary (in whose presence signed)