

**Beneficiary Designation Form
For Cigna Companies Retirees**
Connecticut General Life Insurance Company and
Life Insurance Company of North America

Return completed form to:
Cigna Customer Service Center
Administered by Infosys McCamish Systems, LLC



RETIREE'S PERSONAL INFORMATION (please print clearly)

| | | | | |
|---------------------|----------------------|----------------|------------------------|----------------------------|
| Retiree's Last Name | Retiree's First Name | Middle initial | Social Security Number | Residence Telephone Number |
| Mailing Address | | City | State | Zip code |

IMPORTANT INFORMATION TO REVIEW BEFORE COMPLETING YOUR BENEFICIARY DESIGNATION

- As a retiree of a Cigna company, you may be covered under any of the following life insurance programs:
 - Basic Life Insurance
 - Equicor Life Insurance
 - Equicor Survivor Income
 - Plan IV
 - Supplemental Life Insurance
 - Transitional Life Insurance
- If you are unsure of which plans you are covered under, please contact the Your Cigna Life Service Center at 1.800.551.3539 from 8:00 a.m. to 8:00 p.m., Eastern Time, Monday through Friday for confirmation of your coverage.
- You may choose to make one designation that applies to all of your retiree life insurance coverages or you may choose to designate a separate beneficiary for each of your coverages. Please complete the appropriate section below in the *My Beneficiary Designation* section based on your decision.
- The Beneficiary Designation does not apply to any Group Universal Life (GUL) or converted Whole Life Insurance coverage you may have. If you wish to update your GUL beneficiaries, please contact the Cigna Customer Service Center at 1.800.828.3485 from 9 a.m. to 6 p.m., Eastern Time, Monday through Friday. If you wish to update your converted Whole Life Insurance beneficiaries, please contact NEBCO at 1.800.423.1282 from 9:00 a.m. to 5:30 p.m., Eastern Time, Monday through Friday.
- Primary and Contingent Beneficiaries** - Unless you designate a percentage, proceeds are paid to primary surviving beneficiaries in equal shares. Proceeds are paid to contingent beneficiaries only when there are no surviving primary beneficiaries. If you designate contingent beneficiaries and do not designate percentages, proceeds are paid to the surviving contingent beneficiaries in equal shares. The share of a beneficiary who dies before the insured will be divided equally among the surviving beneficiaries in the respective category (primary or contingent).

GUIDELINES FOR DESIGNATION OF BENEFICIARIES

General - Please be sure to include the beneficiary's full name, address, phone number, date of birth, social security number, and relationship to you. Providing this information can help expedite the claim process by making it easier to locate and verify beneficiaries.

If you don't designate a specific beneficiary, your death benefit and any cash value you have will automatically be paid to the first beneficiary listed as follows who is living at the time of your death: (1) your spouse; (2) your child(ren); (3) your parents; (4) your siblings; or (5) your estate.

If you have elected dependent coverage, you are the beneficiary for the dependent coverage unless you designate otherwise.

Minors - While you may designate minors as beneficiaries, please note that claim payments may be delayed due to special issues raised by these designations. In the event of a claim and the beneficiary is a minor child, the insurance proceeds will not be released to the minor child. The insurance proceeds may be paid to a duly appointed guardian of the child's estate. You may want to obtain the assistance of an attorney in drafting your beneficiary designation.

Trust as Beneficiary - You may designate a trust as beneficiary, using the following form: "To [name of trustee], trustee of the [name of trust], under a trust agreement dated [date of trust]." If you wish to designate a testamentary trust as beneficiary (i.e. one created by will), you should recognize the possibility that your will which was intended to create this trust may not be admitted to probate (because it is lost, contested, or superseded by a later will). Claim payment delays can result if the beneficiary designation doesn't provide for this situation.

Domestic Partner - If you wish to designate your domestic partner as your beneficiary, you must complete a beneficiary form. Otherwise, your death benefit and any cash value that you have will automatically be paid to the first beneficiary listed as follows who is living at the time of your death: (1) your spouse; (2) your child(ren); (3) your parents; (4) your siblings; (5) your estate.

Life Status Changes - We recommend that you review your beneficiary designation when significant life status events occur, such as marriage, divorce, or birth of a child.

See an Attorney! The above guidelines are general and are not intended to be relied on as legal advice. Unless your designation is a simple one, we recommend that you obtain the assistance of an attorney in drafting your beneficiary designation. A qualified attorney can help assure that your beneficiary designation correctly reflects your intentions, is clear and unambiguous, and meets legal requirements.

MY DESIGNATION BENEFICIARY

This is the designation I want to apply to **ALL** of my retiree life coverages (excluding GUL and converted Whole Life). Please be sure to sign and date page 2 before returning this form to the Cigna Customer Service Center.

| Primary Beneficiary(ies) Name, Address and Phone Number | Date of Birth | Relationship to Retiree | Social Security Number | Percentage <i>Total Must = 100%</i> |
|---|---------------|-------------------------|------------------------|--|
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| Contingent Beneficiary(ies) Name, Address and Phone Number | Date of Birth | Relationship to Retiree | Social Security Number | Percentage <i>Total Must = 100%</i> |
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I want to designate separate beneficiary for each of my retiree life insurance coverages (excluding GUL and converted Whole Life). If you choose this option, use the section provided on page 2 of this form. Please be sure to indicate the name of the life insurance program for which you are designating beneficiaries, in the gray-shaded box above each designation section.

Please be sure to sign and date page 2 before returning this form to the Cigna Customer Service Center.

| | | | |
|---------------------|----------------------|----------------|------------------------|
| Retiree's Last Name | Retiree's First Name | Middle initial | Social Security Number |
|---------------------|----------------------|----------------|------------------------|

| Life Insurance Program Name: | | | | |
|---|---------------|-------------------------|------------------------|--|
| Primary Beneficiary(ies) Name, Address and Phone Number | Date of Birth | Relationship to Retiree | Social Security Number | Percentage <i>Total Must = 100%</i> |
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| Contingent Beneficiary(ies) Name, Address and Phone Number | Date of Birth | Relationship to Retiree | Social Security Number | Percentage <i>Total Must = 100%</i> |
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| Life Insurance Program Name: | | | | |
|---|---------------|-------------------------|------------------------|--|
| Primary Beneficiary(ies) Name, Address and Phone Number | Date of Birth | Relationship to Retiree | Social Security Number | Percentage <i>Total Must = 100%</i> |
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| Contingent Beneficiary(ies) Name, Address and Phone Number | Date of Birth | Relationship to Retiree | Social Security Number | Percentage <i>Total Must = 100%</i> |
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| Life Insurance Program Name: | | | | |
|---|---------------|-------------------------|------------------------|--|
| Primary Beneficiary(ies) Name, Address and Phone Number | Date of Birth | Relationship to Retiree | Social Security Number | Percentage <i>Total Must = 100%</i> |
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| Contingent Beneficiary(ies) Name, Address and Phone Number | Date of Birth | Relationship to Retiree | Social Security Number | Percentage <i>Total Must = 100%</i> |
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| Contingent Beneficiary(ies) Name, Address and Phone Number | Date of Birth | Relationship to Retiree | Social Security Number | Percentage <i>Total Must = 100%</i> |
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Community Property Laws - If you are married, reside in a community property state (Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington or Wisconsin), and name someone other than your spouse as beneficiary, it is possible that payment of benefits may be delayed or disputed unless your spouse also signs the beneficiary designation.

Spouse Signature _____ Date ____ / ____ / ____

Owner Signature _____ Date ____ / ____ / ____

