Group Life Beneficiary Designation Form

| Association | GRO | GROUP LIFE | | Member Phone Number | |
|--|---|--|--|--|------------------------------|
| CLARK COUNTY EDUCATION ASSOCIATI | ON | | | | |
| Member Name | | Member SSN | | Member DOB | |
| | | | | | |
| It is important to clearly indicate your beneficiary(ies) only if there is no survibeneficiary designations by the insured incompetent and no court order or laws pris requested the beneficiary of any pole. Primary Beneficiary(ies) | iving primary benef d person for the pol event naming the bel | iciary(ies). Th icy indicated. ow designee(s | is beneficiary d The undersigned). Subject to the | esignation supersedes and cancels d hereby declares that he/she has not e provisions of the policy and appli | s all prior been declared |
| Name | Relationship | DOB | SSN | Address | Percentag |
| | | | | | |
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| Contingent Beneficiary(ies) | | | | | 1 |
| Name | Relationship | DOB | SSN | Address | Percentage |
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| Community Property State Consent for Washington or Wisconsin. If you are in beneficiary, you may have your spouse. As the insured's spouse, I do hereby consented the state of | narried, live in a cor e sign below to waiv | mmunity prop e his or her ri | perty state, and ights to any con | name someone other than your spenmenty property interest in the b | oouse as enefit. |
| have to the proceeds of such insurance | e under applicable c | community pr | operty laws. | | |
| Spouse's signature and consent (if app | licable) | Date | | | |
| | | | | | |
| Signature of Insured | | ted Name | | Date | |
| Signature of Witness | | ed Name | | Date | |

(The witness must have no interest in the policy or be a named beneficiary)