

Important: Use Ball Point Pen or Typewriter

Employee Full Name: Employee Social Security Number:

Date of Birth: Date of Hire: State Agency:

Designation of Beneficiary

This form applies to the State of Idaho Group Term Life Insurance Plan. The following designation beneficiaries will be in force until revoked by me with a new form. If more than one primary or contingent beneficiary, payment will be made in equal shares or to the survivors in equal shares unless otherwise stated below. If any beneficiary is designated as a trustee, it is understood and agreed that Principal Life Insurance Company (The Principal) shall not be a party to nor bound by the conditions of any trust and payment of the proceeds of said policy on the death of the insured to the then designated beneficiary shall be a complete discharge as to said company.

Basic Life

Primary Beneficiary Designation

Table with 3 columns: Beneficiary full name(s), Relationship, Share %

In the event said primary beneficiary(ies) predecease me, I designate as contingent beneficiary(ies):

Contingent Beneficiary Designation

Table with 3 columns: Beneficiary full name(s), Relationship, Share %

Supplemental Life

I hereby certify that I have been given the opportunity to apply and wish to purchase additional supplemental life insurance and authorize payroll deductions for premiums for the supplemental life insurance in an amount equal to 100% of my salary. I hereby certify that I have been given the opportunity to apply and purchase supplemental life and hereby waive my right to purchase such additional supplemental life insurance.

Primary Beneficiary Designation

Table with 3 columns: Beneficiary full name(s), Relationship, Share %

In the event said primary beneficiary(ies) predecease me, I designate as contingent beneficiary(ies):

Contingent Beneficiary Designation

Table with 3 columns: Beneficiary full name(s), Relationship, Share %

Signatures Necessary to Process

Table with 2 columns: Signature of Employee/Witness, Date Signed

If you are designating a beneficiary other than your spouse and you reside in one of the following community property states: Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas or Washington (state), your spouse must also sign the beneficiary designation.

Signature of Spouse Date Signed

Change of Member's Name

Table with 2 columns: Reason for change (marriage, divorce, court decree), Date of marriage, divorce or decree; Change my name from: To:

State Agency to Complete:

Date recorded: By:

