

First Continental Life & Accident Insurance Co.

BENEFICIARY DESIGNATION FORM
ACCIDENTAL DEATH & DISMEMBERMENT INSURANCE

Instructions: Please complete, sign and date this form to designate your beneficiary(ies) or to change your existing beneficiary(ies). This form cancels all prior designations. If more than one beneficiary is named and no percentages are indicated, payment will be made to them in equal shares. If there are more than three (3) primary and/or contingent beneficiaries, please attach a separate sheet of paper.

SECTION 1: Member Information				
Name (Last Name, Suffix, First Name, MI)			Social Security Number	
Association Name/Policy Number:		Check the coverages listed below to which this beneficiary designation applies: <input type="checkbox"/> All <input type="checkbox"/> Basic AD&D <input type="checkbox"/> AD&D <input type="checkbox"/> Travel Accident		
SECTION 2: Primary Beneficiary(ies)				
I choose the person(s) named below to be the primary beneficiary(ies) of the First Continental Life and Accident Insurance Company Accidental Death Insurance benefits listed above that may be payable at the time of my death. If any primary beneficiary(ies) is disqualified or dies before me, his/her percentage of this benefit will be paid to the remaining primary beneficiary(ies).				
Name & Address	Relationship	Social Security Number	Date of Birth	Percentage
				Total Must Equal 100%

SECTION 3: Contingent Beneficiary(ies)				
If all primary beneficiaries are disqualified or die before me, I choose the person(s) named below to be my contingent beneficiary(ies).				
Name & Address	Relationship	Social Security Number	Date of Birth	Percentage
				Total Must Equal 100%

SECTION 4: Signature

X _____

Member Signature

Date

Important Information About Designation of Beneficiaries

Beneficiary Information

- **Primary Beneficiary(ies)** means the person(s) you choose to receive your accidental death insurance benefits. Please specify the percentage of the benefit you want paid to each beneficiary; these percentages should total 100%. If any primary beneficiary is disqualified or dies before you, his/her percentage of the benefit will be paid to the remaining primary beneficiary(ies).
- **Contingent Beneficiary(ies)** means the person(s) you choose to receive your accidental death insurance benefits only if **all** primary beneficiaries are disqualified or die before you. Please specify the percentage of the benefit you want paid to each beneficiary; these percentages should total 100%. If any contingent beneficiary is disqualified or dies before you, his/her percentage of the benefit will be paid to the remaining contingent beneficiary(ies).
- **Minor Beneficiary(ies)** – When you designate minors as beneficiaries, it is important to understand that insurance benefits may not be released to a minor child. They may, however, be paid to court appointed guardian of the child's estate. The regulations governing minor beneficiaries vary by state.
- **Trust** – You may designate a valid trust as a beneficiary. The insurance company reserves the right to request a copy of the trust document, or any part thereof, at the time of claim.

General Information

- **Updates to Your Beneficiary Designation** – You can change your beneficiary designation at any time. You may wish to review your designation periodically.
- **Consult an Attorney** – This information is not intended to be relied on as legal advice. You may wish to get the assistance of an attorney to help ensure your beneficiary designation correctly reflects your intentions.

Mail Claims to: Administrative Concepts, Inc.
P.O. Box 4000
Collegeville, PA 19426-9000

Fax: 610-293-9299

Call: 800-565-6053

E-mail: claims@acitpa.com

Website: www.acitpa.com