

Standard Insurance Company

PO Box 2800
Portland, OR 97208
Phone 1-800-628-8600
Fax 1-888-414-0389

CHANGE OF BENEFICIARY DESIGNATION

Please attach to original enrollment form

Policy No. 762723 Insured's Social Security No. _____

Employer/Policy Holder Name Vermilion Parish School Board

Primary Beneficiary Designation

Full Name (Last, First, Middle Initial)	Relationship	Date of Birth	Address (Street, City, State, Zip)	Share %
Payment will be made in equal shares or all to the survivor unless otherwise indicated. TOTAL:				100%

Contingent Beneficiary Designation

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

Full Name (Last, First, Middle Initial)	Relationship	Date of Birth	Address (Street, City, State, Zip)	Share %
Payment will be made in equal shares or all to the survivor unless otherwise indicated. TOTAL:				100%

Primary Beneficiary: The person or persons you want to receive the life insurance benefit if you die. If more than one primary beneficiary has been named, and the specific percentage has not been designated, then each will receive an equal share of the benefit

Contingent Beneficiary: The person or persons you want to receive the life insurance benefit if you die and if no primary beneficiary is alive on that date. If more than one contingent beneficiary has been named, and the specific percentage has not been designated, then each will receive an equal share of the benefit.

I, the undersigned, reserve the right to change the beneficiary(ies) without the consent of said beneficiary(ies).

Name and Address of Insured or Owner (if assigned) (Print)

Signature of Insured or Owner (if assigned)

Date Signed

Please Note

Do not erase or attempt to make any corrections, use a new form.