How to Complete Your Beneficiary Designation Form

1. PLEASE PRINT CLEARLY AND LEGIBLY.

2. Fill out the top portion of the form completely (include apt #s or PO Boxes if necessary).

BENEFICIARY DESI Life Insurance Company	
Employer Name	MICHIGAN EDUCATION SPECIAL SERVICES ASSOC.
Employee Name	Employee Social Security #
Current Address	City
Home Phone	Work Phone please enter all dates in mm//dd/yyyy format.

3. Fill out the appropriate sections completely, based on the benefits you currently have with the school, or on Direct Pay with MESSA. To verify your benefits, please contact your employer or MESSA at 888.888.4167.

	<u> </u>						
PAK LIFE	Negotiated Life Insurance, Lif	Negotiated Life Insurance, Life Insurance Company of North America - Policy No. FLI980011					
	Employee's Primary Beneficiary(ies):	Relationship to Employee	Social Security Number	Date of Birth	% (total must equal 100%)		
	Employee's Contingent Beneficiary(ies):	Relationship to Employee	Social Security Number	Date of Birth	% (total must equal 100%)		
BTL &/or	Non-Negotiated Life Insurance, Life Insurance Company of North America - Policy No. FLI980012						
DILWOI	Non-Negotiated Life Insurance, Li	re insurance company or	North America - Policy	NO. FLI980012			
STL ONLY	Employee's Primary Beneficiary(ies):	Relationship to Employee	Social Security Number	Date of Birth	% (total must equal 100%)		
				Date	•		
				Date	•		
				Date	•		
	Employee's Primary Beneficiary(ies):	Relationship to Employee	Social Security Number	Date of Birth Date	equal 100%) % (total must		

<u>PAK Life</u> = benefit provided by your employer per your bargained contract – verify with your Confirmation Statement.

<u>BTL &/or STL ONLY</u> = Basic Term Life (BTL) &/or Supplemental Term Life (STL).

4. Make sure your percentage designations total 100% under Employee's Primary Beneficiary(ies), **AND** 100% under Employee's Contingent Beneficiary(ies) (if applicable). Do not combine totals for Primary and Contingent to equal 100%. See example below.

Employee's Primary Beneficiary(ies):	Relationship to Employee	Social Security Number	Date of Birth	% (total must equal 100%)
JANE DOE	MOTHER	000-01-0001	07-01-1946	65%
JOHN DOE	FATHER	000-01-0001	01-23-1945	35%
Employee's Contingent Beneficiary(ies):	Relationship to Employee	Social Security Number	Date of Birth	% (total must equal 100%)
SALLY DOE	SISTER	000-01-0001	12-23-1970	100%

You may also use fractions to designate shares for your beneficiaries (i.e. ½ and ½, or ¼, ¼, ¼ and ¼). However, **DO NOT** use dollar amounts since your life volume could change based on what is bargained with your employer, or due to age restrictions.

5. Sign and date the Beneficiary Designation Form and return it to MESSA Group Services.

Owner SignatureYOUR SIGNA TURE HERE	Date CURRENT DATE

If you would like to designate more beneficiaries than will fit on the form, add a separate piece of paper with the following information:

- A. Indicate if the beneficiary(ies) are Primary or Contingent.
- B. List the appropriate policy number(s) for each beneficiary.
 - Negotiated Life Insurance Policy # FLI980011
 - Non-Negotiated Life Insurance Policy # FLI980012
- C. Sign and date at the bottom of the page.

Primary Beneficiary(ies) for				
Policy # FLI980011	Relationship	SS#	Date of Birth	% (Total must equal 100%)
Janet Doe	Aunt	000-01-0001	1/1/1958	33 1/3%
Sandra Doe	Niece	000-01-0001	1/2/1978	33 1/3%
Angela Doe	Niece	000-01-0001	1/3/1983	33 1/3%

Contingent Beneficiary(ies)				
for Policy # FLI980011	Relationship	SS#	Date of Birth	% (Total must equal 100%)
Robert Doe	Uncle	000-01-0001	1/2/1960	30%
Brian Doe	Nephew	000-01-0001	1/4/1985	70%

Owner Signature_____

Date _____

NOTE: It is important to update your Beneficiary Designation Form if you have a change in family status (i.e. birth, marriage, divorce), or if any of your current beneficiaries pre-decease you.