

Participant Beneficiary Designation Form

(For ERISA plans not offering
Qualified Pre-Retirement Survivor Annuities)

Products and financial services provided by
American United Life Insurance Company®
a ONEAMERICA® company
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Instructions for the Plan Participant

1. Complete the **"Participant Marital Status"** section of this form.
2. To designate a Beneficiary or Beneficiaries, complete the **"Beneficiary Designation"** section of this form.
3. Read, then complete the **"Participant Signature"** section of this form.
4. If you are married and have met any of the requirements necessary for spousal consent, have your spouse read, then complete the **"Spousal Authorization"** section of this form.
5. Keep a copy of the completed form with your other important records and return the original to your plan representative.

Information for Plan Participant

Trust Information

If your beneficiary is a trust, there shall be no obligation to inquire into the terms of the trust, and payment of the proceeds as provided in the designation will be a full discharge from all liability. If, before payment of the proceeds is made, satisfactory proof is presented that the trust has been revoked or is not in effect at your death, the proceeds shall be paid to the next class of beneficiary or to your estate if there is no such beneficiary. If the trust has been created by a will but fails to come into existence for any reason, the proceeds shall be paid to the next class of beneficiary or to your estate if there is no such beneficiary.

Participant Marital Status

If you are married, federal law (and/or the terms of your plan) generally requires that death benefits from the plan be paid to your spouse when you die. You should immediately inform your plan representative of any change in our marital status. Such change may invalidate any previous beneficiary designation.

☐ Married.

If you are married and have designated a Beneficiary other than, or in addition to, your spouse, your spouse's signature is required in order to complete your designation. **Your spouse's consent must be witnessed by a plan representative or a Notary Public.**

☐ Married but unable to locate my spouse.

If you are married and cannot locate your spouse, your election must be witnessed by a plan representative or a Notary Public. Your plan representative may request evidence for the plan's records.

☐ Unmarried.

Because your spouse would have certain rights to your death benefit, your Beneficiary designation becomes invalid if you are married at the time of your death, unless your spouse has consented in writing to your designations.

Participant Name: _____ Social Security Number: _____
Plan Name: _____ Plan Number: _____

Beneficiary Designation

Complete this section to designate a beneficiary or beneficiaries. Enter full names, relationship to you (for example, spouse, child, grandchild, etc.), Social Security Number, and date of birth.

Benefits are payable to the survivors within the highest class (Primary or Secondary) in equal shares unless specified otherwise here. The rights of other beneficiaries shall terminate upon such payment.

The beneficiary or beneficiaries for the benefit payable at my death shall be as follows:

Primary Beneficiary

- | | | | | | |
|----|--------------------------|-------------|------------------|-----|---|
| 1. | NAME (FIRST, M.I., LAST) | SOC. SEC. # | RELATIONSHIP | DOB | <input type="checkbox"/> M <input type="checkbox"/> F _____ % |
| | ADDRESS | | CITY, STATE, ZIP | | |
| 2. | NAME (FIRST, M.I., LAST) | SOC. SEC. # | RELATIONSHIP | DOB | <input type="checkbox"/> M <input type="checkbox"/> F _____ % |
| | ADDRESS | | CITY, STATE, ZIP | | |
| 3. | NAME (FIRST, M.I., LAST) | SOC. SEC. # | RELATIONSHIP | DOB | <input type="checkbox"/> M <input type="checkbox"/> F _____ % |
| | ADDRESS | | CITY, STATE, ZIP | | |
- Designated percentage(s) must total 100%.*

If naming a Trust:

FULL NAME OF TRUST FULL NAME OF TRUSTEE(S) DATE OF TRUST

If no primary beneficiary is living at the time of your death, benefits will be paid to the second class of beneficiaries.

Secondary Beneficiary

- | | | | | | |
|----|--------------------------|-------------|------------------|-----|---|
| 1. | NAME (FIRST, M.I., LAST) | SOC. SEC. # | RELATIONSHIP | DOB | <input type="checkbox"/> M <input type="checkbox"/> F _____ % |
| | ADDRESS | | CITY, STATE, ZIP | | |
| 2. | NAME (FIRST, M.I., LAST) | SOC. SEC. # | RELATIONSHIP | DOB | <input type="checkbox"/> M <input type="checkbox"/> F _____ % |
| | ADDRESS | | CITY, STATE, ZIP | | |
| 3. | NAME (FIRST, M.I., LAST) | SOC. SEC. # | RELATIONSHIP | DOB | <input type="checkbox"/> M <input type="checkbox"/> F _____ % |
| | ADDRESS | | CITY, STATE, ZIP | | |
- Designated percentage(s) must total 100%.*

If naming a Trust:

FULL NAME OF TRUST FULL NAME OF TRUSTEE(S) DATE OF TRUST

Participant Name: _____ Social Security Number: _____
Plan Name: _____ Plan Number: _____

Participant Signature

By signing below, I hereby designate the beneficiary (or beneficiaries) as listed and certify that the marital status I've indicated is correct. In the event of my death, I authorize the plan representative to make distributions to the listed beneficiary (or beneficiaries), but acknowledge that if spousal consent to my designation is required, such designation is invalid unless my spouse has consented in writing and such consent is witnessed by a plan representative or a notary public.

Participant's Printed Name *Participant's Signature* *Date*

Note: If you certified that you are married, but you are unable to locate your spouse, your election must be witnessed by a plan representative or a notary public.

Witnessed by:

Plan Representative's Signature *Date*

IF NOT WITNESSED BY PLAN REPRESENTATIVE, NOTARY PUBLIC MUST WITNESS.

Subscribed and sworn before me this _____ day of _____, _____

Notary Public _____

County of Residence: _____ My Commission Expires: _____

Spousal Authorization

I am the spouse of the plan participant named above and understand that my spouse is designating a beneficiary other than, or in addition to, myself. I approve of and consent to the designation of all beneficiaries listed in the **"Beneficiary Designation"** section.

I understand that, but for this consent, should the participant die before his or her benefit commencement date under the plan, I would be entitled to receive the full death benefit. I have been provided with all information that I may have requested from the plan administrator as to the economic effect of my consent and as to whether I may revoke my consent. I understand fully the consequences of this action on my part and the loss of benefits that I may experience if I survive the participant. I have participated in the participant's decision to designate a beneficiary other than me.

I understand that if the plan gives me the right to revoke this consent, that I may do so by delivering to the plan representative a written revocation of this consent prior to the death of my spouse. Upon the death of my spouse, the consent contained herein, if not previously revoked, shall be irrevocable.

Spouse's Printed Name *Spouse's Signature* *Date*

Witnessed by:

Plan Representative's Signature *Date*

IF NOT WITNESSED BY PLAN REPRESENTATIVE, NOTARY PUBLIC MUST WITNESS.

Subscribed and sworn before me this _____ day of _____, _____

Notary Public _____

County of Residence: _____ My Commission Expires: _____

Instructions for Plan Representative

Retain the original Beneficiary Designation with your plan's important documents. American United Life Insurance Company® does not require a copy for its records.