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## BENEFICIARY DESIGNATION FORM

This form may be used for multiple VFIS programs when designating the same beneficiary. Use a separate form when designating different beneficiaries for each program.

**Indicate one of the following:**

New                     
  Beneficiary Change                     
  Name Change: From: \_\_\_\_\_

**Complete the following information:**

\_\_\_\_\_ Policyholder \_\_\_\_\_ Policy # \_\_\_\_\_  
 \_\_\_\_\_ Policyholder \_\_\_\_\_ Policy # \_\_\_\_\_  
 \_\_\_\_\_ Policyholder \_\_\_\_\_ Policy # \_\_\_\_\_  
 LOSAP \_\_\_\_\_ Plan Name \_\_\_\_\_  
 Other: \_\_\_\_\_  
 Other: \_\_\_\_\_

|                             |                                  |                                      |
|-----------------------------|----------------------------------|--------------------------------------|
| <b>Last Name:</b> _____     | <b>First Name:</b> _____         | <b>MI:</b> _____                     |
| <b>Date of Birth:</b> _____ | <b>Date of Membership:</b> _____ | <b>Social Security Number:</b> _____ |

I hereby designate the following beneficiary(ies) to receive any death benefit payable under the policies or programs indicated above. If this form represents a change of beneficiary, the present beneficiary designation(s) are terminated and the following designation(s) made:

| BENEFICIARY DESIGNATION – Primary Class    | Relationship | Date of Birth | Social Security Number | Percent<br>(Must equal 100%) |
|--|--------------|---------------|------------------------|------------------------------|
|  |              |               |                        |                              |
|  |              |               |                        |                              |
|  |              |               |                        |                              |
| BENEFICIARY DESIGNATION – Contingent Class | Relationship | Date of Birth | Social Security Number | Percent<br>(Must equal 100%) |
|  |              |               |                        |                              |
|  |              |               |                        |                              |
|  |              |               |                        |                              |

**MINOR OR ESTATE AS BENEFICIARY:** If death occurs and a minor child (a person under the age of majority) or your estate is designated as beneficiary, it may be necessary to have a guardian or legal representative appointed before any death benefit can be paid. This could mean legal expenses for the beneficiary and possible delay in the payment of any death benefit. Please take this into consideration when designating your beneficiary.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Sample wording for Beneficiary Designations

| Class   | Relationship   | Percent           |
|---|--|-------------------|
| One Beneficiary of a class:<br>Jane Ann Jones                                       | Spouse   | 100%              |
| Two or more Beneficiaries of a class:<br>Arthur Leo Jones<br>Grace Hays Jones       | Father<br>Mother                                       | 50%<br>50%        |
| Unnamed Children:<br>Children of Named Insured                                      |  | Divided Equally   |
| Unequal Distribution:<br>Grace Hays Jones<br>Mary Jones Ford<br>William Roger Jones | Mother<br>Sister<br>Brother                            | 50%<br>25%<br>25% |
| Individual's Estate   | Executors or Administrators of the Individual's Estate |                   |

**This form should be retained by the Policyholder/Sponsor with a copy to the individual.**

\* Primary Beneficiary is the person(s) who will receive the death benefit.

\*\* Contingent Beneficiary is the person(s) who will receive the death benefit if the primary beneficiary is not alive at your death.