

EXTENSION BENEVOLENT PROTECTIVE ASSOCIATION

NAME OF EMPLOYER LSU Agricultural Center GROUP PLAN # 780113

NAME OF EMPLOYEE _____

DESIGNATION OF BENEFICIARY FOR PAYMENT IN ONE SUM

I hereby revoke any previous designation of beneficiary and settlement provisions and make the following beneficiary designation with respect to any insurance payable at my death under the above Group Plan (including any Group Life insurance or Group Accidental Death and Dismemberment insurance):

<u>PRIMARY BENEFICIARY</u> - GIVE NAME, RELATIONSHIP AND ADDRESS	%
<u>PRIMARY BENEFICIARY</u> - GIVE NAME, RELATIONSHIP AND ADDRESS	%
<u>SECONDARY BENEFICIARY</u> - GIVE NAME, RELATIONSHIP AND ADDRESS	%
<u>SECONDARY BENEFICIARY</u> - GIVE NAME, RELATIONSHIP AND ADDRESS	%

Unless otherwise provided, if more than one beneficiary is designated, the beneficiary or beneficiaries living at the death of the employee shall be entitled to the insurance, equally if more than one. However, if the designation provides for primary and secondary beneficiaries, no secondary beneficiary shall be entitled to any part of such insurance if any primary beneficiary is living at the death of the employee.

If there is no designated beneficiary living at the death of the employee, the insurance will be paid in accordance with the terms of the plan(s).

The right to change this designation is reserved to the employee under the terms of the plan(s).

SIGNATURE OF EMPLOYEE _____ DATED: _____

SOCIAL SECURITY NUMBER _____ BIRTH DATE: _____

Great-West Healthcare, Dept 59, Denver, CO, 80291-0059

RECEIVED FOR FILE

BY
DATE