



Mutual of Omaha

Designation of Beneficiary Form

Union Section					
Policyholder's Name: UFCW Local 1442				Group ID: G000ABJP	
Member Section (Required fields are marked with an asterisk (*).)					
*Last Name:		*First Name:		MI:	
*Social Security Number:		*Birth Date (MM/DD/YYYY):		Marital Status:	
*Street Address:			E-mail Address:		
*City:		*State:		*Zip Code:	
				*Telephone:	
Basic Life and AD&D Beneficiary for Death Benefits (Right to change beneficiary is reserved to the insured.)					
<p>Important Note: California is a community property state. Since you live in a community property state and you designate someone other than your spouse as a beneficiary, state law requires that your spouse consent to such designation. If you do not obtain your spouse's consent to the foregoing designation(s), then such designation(s) may not be effective.</p> <p>Subject to the terms of the group contract(s), between United of Omaha Life Insurance Company and said policyholder, I request that the following beneficiary (beneficiaries) be substituted under said contract(s) as my designated beneficiary (beneficiaries), in lieu of any and all beneficiaries previously named by me.</p> <p>If more than one beneficiary is named, the beneficiaries shall share benefits equally unless otherwise stated below. If indicating benefit percentages, the percentages must total 100% for Primary Beneficiaries and 100% for Secondary Beneficiaries. Unless otherwise expressly provided, if any beneficiary designated below predeceases me, the share which such beneficiary would have received if such beneficiary had survived me shall be payable equally to the remaining designated beneficiary or beneficiaries, if any, who survived me, but if nodesignated beneficiary survives me, the beneficiary shall be determined as prescribed in the group contract(s).</p>					
Primary Beneficiary Designation					
Last Name	First Name	Relationship to Insured	Date of Birth (MM/DD/YYYY)	Address of Beneficiary (Address, City, State, Zip)	Benefit Percentage (%)
Percentage Total:					100%
Secondary Beneficiary Designation					
Last Name	First Name	Relationship to Insured	Date of Birth (MM/DD/YYYY)	Address of Beneficiary (Address, City, State, Zip)	Benefit Percentage (%)
Percentage Total:					100%
Insured Member Agreement and Signature					
<p>I, understand that this Designation of Beneficiary refers only to a basic life and AD&D insurance contract, and that if I am also insured under any other insurance contract issued by Mutual of Omaha or a company affiliated with Mutual of Omaha, this designation shall apply to all contracts unless I make a separate designation on or after the date of this designation. I, also understand that this Designation of Beneficiary is subject to change as provided in the group contract(s).</p>					
_____ Signature of Insured Member			_____ Date of Signature		
Return original beneficiary form to policyholder administrator: UFCW Local 1442, 550 Continental Blvd., Suite #130, El Segundo, CA 90245					
Community Property Consent – To Be Completed by the Members's Spouse, If Applicable					
<p>Important Note: Because you live in a community property state, if you have designated someone other than your spouse as a beneficiary, state law requires that your spouse consent to such designation. If you do not obtain your spouse's consent to the foregoing designation(s), then such designation(s), then such designation(s) may not be effective. Use of the term "spouse" on this form refers to the person to whom the member above is legally married, or the member's domestic partner or equivalent, as recognized and allowed by federal law, or by state law in your state of residence.</p>					
I, _____ (INSERT INSURED SPOUSE'S FULL NAME), do hereby consent to the foregoing beneficiary designation(s).					
_____ Signature of Insured's Spouse			_____ Date		
State of _____			County of _____		
Personally appeared before me the above name _____ (INSERT INSURED SPOUSE'S FULL NAME), personally known to me, who, being duly sworn, deposes and says that he or she executed the foregoing consent.					
Subscribed and sworn to before me this _____ day of _____, _____.					
_____ My commission expires: _____					
(Notary Public)					