

## **Beneficiary Designation Form for Insurance Plan**

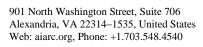
Please send a signed copy of this form to your Center's AIARC coordinator by email.

This form is used to designate primary and/or secondary beneficiaries who will receive the financial benefit from your insurance coverage in the event of your death. A beneficiary refers to a person or trust that is eligible to receive the financial benefit upon the participant's (account holder's) death. Please note that as a plan participant you are responsible for ensuring that your designated beneficiaries (and their respective contact information) are current and accurate.

The percentage of distribution upon your death for all primary beneficiaries must equal 100%; likewise, for secondary beneficiaries. If you need more space to list additional beneficiaries, photocopy the applicable pages or provide all the information requested on a separate sheet.

If any of your primary beneficiaries are deceased at the time of your death, that beneficiary's portion of your assets will be divided

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Primary Beneficia	ary Type: check all tha	t apply				
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(Surname, First, Middle / Trust or Charity Name)	(Relationship to me)	(Gender)	(Birth or Trust dat (dd /mm/yyyy)	e) (Percentage)	
Street Address:					
Town:	Region/State:				
Country:	ZIP/Postal Code:				
Phone:	Email:				
Please sign below and return to AIARC	С.	Т	otal % must equa	il 100%.	