

BENEFICIARY FORM

**Accidental Loss of Life Beneficiary Designation
and Payment of Specific Loss Proceeds**

for Mutual of Omaha Accident Policy - T5MP-BT-50621
issued to: Diocese of Winona

Name of Insured Employee: _____
(Please Print or Type)

I have chosen a beneficiary for my AD&D coverages. In the event of a covered accident, the beneficiary(ies) for my Accidental Loss of Life Principal Sum Benefits for this policy will be payable as follows:

Primary Beneficiary(ies): In equal shares, unless otherwise specified

First Name	Last Name	Relationship to You	Percentage (%) Payable

I further understand that if I do not choose a beneficiary for this policy or for my Group Life policy(ies), or no designated beneficiaries survive me, then the loss of life proceeds for this accident policy will be payable to the first surviving beneficiary of the following: my Lawful Spouse, my Children, my Parents, my Brothers and Sisters, or my Estate, in that order. Benefits should be divided equally if there is more than one surviving person in any category.

This supercedes any previous AD&D beneficiary designations I have made for this policy. I further understand that all other Specific Loss benefits that I may be entitled to will be paid directly to me.

Employee Signature

Date