

This designation will apply to the following Standard Insurance Company coverage(s) if available to you through your Association: Life with Accidental Death & Dismemberment (AD&D) Insurance. This designation can be used for both initial enrollments and beneficiary changes.

Designations made below are not valid unless signed, dated, and delivered to your Association during your lifetime. Your enrollment is not complete until we receive your beneficiary designation. Mail the completed form to FPA’s administrator, Ryan Insurance Strategy Consultants, 5690 DTC Blvd., Suite 290W, Greenwood Village, CO 80111 or you can email it to info@Ryan-Insurance.net or fax it to 888.337.2291.

Initial Enrollment       Beneficiary Change

**MEMBER INFORMATION**

Your Name (Last, First, Middle)		Date of Birth
Your Address		Group No. <b>147789</b>
City	State	Zip

**BENEFICIARY INFORMATION**

<ul style="list-style-type: none"> <li>Your designation revokes all prior designations.</li> <li>Benefits are payable to a contingent Beneficiary only if you are not survived by one or more primary Beneficiaries.</li> <li>If you name two or more Beneficiaries in a class (primary or contingent), two or more surviving Beneficiaries will share equally, unless you provide for unequal shares. If a minor (a person not of legal age) or your estate is the Beneficiary, it may be necessary to have a guardian or a legal representative appointed by the court before any death benefit can be paid. If the Beneficiary is a trust or trustee, the written trust must be identified in the Beneficiary designation. For example, “Dorothy Q. Smith, Trustee under the trust agreement dated _____.”</li> <li>A power of attorney must grant specific authority, by the terms of the document or applicable law, to make or change a Beneficiary designation. If you have questions, consult your legal advisor.</li> <li>Dependents Insurance on your Spouse, if any, is payable to you, if living, or as provided under your Association’s coverage under the Group Policy.</li> <li>If you complete the “% of Benefit” box(es), the amounts should add up to 100% for each class (primary or contingent). For example, “Primary - John Q. Doe, 60%; Jane Q. Doe, 40%.”</li> </ul>					
PRIMARY – Full Name      Address      Date of Birth      Phone No.      Relationship					% of Benefit
CONTINGENT – Full Name      Address      Date of Birth      Phone No.      Relationship					% of Benefit
_____ Signature of Member			_____ Date		