DESIGNATION OR CHANGE OF BENEFICIARY:

GHRA FELONIOUS ASSAULT PROGRAM

Summary of Benefits 2017-2019

Owners/Employees may designate a beneficiary. Once completed forward to Breeden Benefit Group office for processing. PLEASE NOTE--If the Owners/Employees agree to the language listed in #3 and #4 below NO beneficiary form is necessary. For example, most individuals choose their spouse so NO beneficiary form is required. At time of incident, Breeden Benefit Group office would be responsible for gathering all necessary information.

DESIGNATION OR CHANGE OF BENEFICIARY:

Each Insured may designate a beneficiary to whom loss of life benefits are payable. The designation shall be as follows in descending order of preference:

1. Beneficiaries designated in writing by the Insured for this Policy on file with the Policyholder, if any, otherwise;
2. Beneficiaries as designated in writing for any group life insurance plan or its renewals in force for the Policyholder, if any, otherwise;
3. In equal shares to the members of the first surviving class of those that follow, if any:
    (a) an Insured's lawful spouse, if not legally separated or divorced;
    (b) an Insured's natural child, adopted child, foster child, stepchild, or other child for whom the Insured has or had legal guardianship (proof will be required); or
    (c) an Insured's parents, whether natural, step or adoptive; otherwise
4. The estate of the Insured.

Accident Insurance Beneficiary Designation Form

Policyholder Name: Greater Houston Retailers Cooperative Association, Inc.
Policy Number: 0019097-25

Employee Information

_____ _____ / _____
Last Name First Name Middle Initial

_____ _____
Social Security Number Date of Birth

EMPLOYEE BENEFICIARY – Please give full name and relationship to Employee

_____ _____ / _____
Beneficiary Name Social Security No. Relationship to Employee

_____ _____ / _____
Beneficiary Name Social Security No. Relationship to Employee

_____ _____ / _____
Beneficiary Name Social Security No. Relationship to Employee

This Beneficiary Form supersedes any previous Beneficiary Forms that may have been submitted.

Signature _____ Date _____

Effective Date _____