

RELIASTAR

ReliaStar Life Insurance Company

Beneficiary Designation Form

INSTRUCTIONS: White portion to be completed by the Employee. Print clearly in dark ink, sign the form, and return as instructed.

NAME OF EMPLOYER/PLAN SPONSOR County of Santa Barbara	GROUP/PLAN NUMBER GL,H-31640-7	ACCOUNT NUMBER/ LOCATION #42
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SECTION 1. Employee Information

EMPLOYEE NAME (last, first, middle initial)	<input type="radio"/> FEMALE <input type="radio"/> MALE	DATE OF BIRTH / /	SOCIAL SECURITY #	EMPLOYEE I.D. #
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SECTION 2. Beneficiary Information** *If additional space is required, complete and attach a separate sheet of paper.*

BENEFICIARY INFORMATION ** <i>List one or more beneficiaries below.</i>	BENEFICIARY'S SOCIAL SECURITY #	RELATIONSHIP TO EMPLOYEE	BENEFICIARY'S DATE OF BIRTH	PERCENT OF BENEFIT (MUST add up to 100%)
PRIMARY:				
SECONDARY:				

READ AND THEN SIGN AND DATE BELOW ▼

To the best of my knowledge and belief the information on this form is correct. I understand that false or inaccurate information may result in the termination of coverage or the nonpayment of benefits. I have read and understand the authorization, included on this form, and consent to its terms. This is the only ReliaStar form that designates a beneficiary for the coverage underwritten by ReliaStar Life Insurance Company for Group Number GL,H-31640-7-42.

Employee's Signature	Date Signed / /
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INSTRUCTIONS FOR ** FIELDS ON THIS FORM

Beneficiary Information **	<p>Use this section to designate your life insurance benefit to your beneficiary(ies). Beneficiaries may include your spouse, children, parents, charities or anyone you wish. If you are listing an estate, specify whose estate. Life insurance benefits may not be payable directly to minor children. You may name, add, or change beneficiaries by completing a new beneficiary designation form if your coverage is in force, you have notarized authorization from an irrevocable beneficiary, and you have not assigned the ownership of your insurance coverage.</p> <p>NOTE: Failure to name a beneficiary for your life insurance will result in eligible proceeds being paid in the event of your death in the following order: 1.) your spouse, 2.) your natural or adopted child(ren), 3.) your parents, 4.) your estate.</p>
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FRAUD WARNING STATEMENT

Any person who knowingly and with intent to defraud, files a statement of claim containing any materially false or misleading information, commits a fraudulent act, which is a crime.