

**LIFEMAP ASSURANCE COMPANY
BENEFICIARY DESIGNATION FORM**

INSURED LAST NAME	FIRST (Given Name)	INITIAL	GROUP POLICY NO. UT 00511U
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PRIMARY BENEFICIARY (If naming more than two beneficiaries, please use the other side of this form.)

BENEFICIARY LAST NAME	FIRST (Given Name)	INITIAL	BIRTHDATE Mo Da Yr	SEX M F	SOCIAL SECURITY NO.
BENEFICIARY ADDRESS	CITY	STATE	ZIP	RELATIONSHIP TO YOU	BENEFIT %

PRIMARY BENEFICIARY

BENEFICIARY LAST NAME	FIRST (Given Name)	INITIAL	BIRTHDATE Mo Da Yr	SEX M F	SOCIAL SECURITY NO.
BENEFICIARY ADDRESS	CITY	STATE	ZIP	RELATIONSHIP TO YOU	BENEFIT %

CONTINGENT BENEFICIARY (Receives proceeds only if the Primary Beneficiary(ies) dies before you.)

BENEFICIARY LAST NAME	FIRST (Given Name)	INITIAL	BIRTHDATE Mo Da Yr	SEX M F	SOCIAL SECURITY NO.
BENEFICIARY ADDRESS	CITY	STATE	ZIP	RELATIONSHIP TO YOU	

THIS DESIGNATION IS NOT VALID UNLESS SIGNED AND DATED BY INSURED.
(Form must be completed by Employee, unless qualified Spouse only coverage is elected)

SIGNATURE _____ **DATE** _____

Please provide full name, date of birth, Social Security number and address of your beneficiary. Examples follow:

- A. One Beneficiary Mary R. Jones, 1234 Hemlock St., Anytown, USA 12345
- B. Two Beneficiaries John Jones and Sally Smith, equally, or the survivor
(list information for both)
- C. Two Beneficiaries in Unequal Shares John Jones, 75% and Sally Smith, 25%, or the survivor
(list information for both)
- D. One Primary and One Contingent Beneficiary Mary R. Jones, if living, otherwise Sally Smith
(list information for both)
- E. One Primary and Two Contingent Beneficiaries Mary R. Jones, if living, otherwise Sally Smith and John Jones,
equally, or the survivor (list information for all)
- F. Trustee Mary R. Jones, Trustee, under trust agreement dated
- G. Insured's Estate My Estate

Do you know that if death occurs and a minor (a person not of legal age) is the beneficiary, it may be necessary to have a Guardian of the Estate of the minor or a Conservator for the minor appointed before any death benefit can be paid? This means legal expenses for the beneficiary and delay in the payment of the insurance. Please take this into consideration when naming your beneficiary.

**Submit completed beneficiary form along with completed Portability form to: LifeMap Assurance Company
PO Box 1271, MS E3A
Portland Oregon 97207-1271**

PREMIUM CALCULATION SHEET

Portability Coverage

NOTE: If you are not porting Spouse and/or Child coverage, please leave those areas blank.

Step 1 – Determine Monthly Basic Rate

Employee Rate is \$0.085 per \$1,000 of Coverage \$ _____
 (Multiply rate by Basic coverage amount to be ported. Example: \$0.085 x 50 (\$50,000) = \$4.25)

Step 1a – Determine Monthly Voluntary Rate

Find the correct rate below, Employee and Spouse rates is based on the Employee’s current age. Rates are based on \$1,000 of coverage.
 (Multiply rate by Voluntary coverage amount to be ported. Example: \$0.371 x 20 (\$20,000) = \$7.42)

Employee rate \$ _____ X (coverage amount) \$ _____ = \$ _____

Spouse rate \$ _____ X (coverage amount) \$ _____ = \$ _____

Dependent Child Rate (Rate below based on \$1,000 increments. Example: \$0.187 x 2 (\$2,000) = \$0.38) \$ _____

Step 2 – Monthly Sub-Total: Add together monthly totals from Step 1 and Step 1a \$ _____

Step 3 - Mode of Payment - Choose One:

For Annual payment, multiply the sub-total amount in Step 2 by 12.
 For Semi-Annual payment, multiply the sub-total amount in Step 2 by 6.
 For Quarterly payment, multiply the sub-total amount in Step 2 by 3.

Premium Sub-Total \$ _____

Step 4 - Administrative Fee: Add to the amount determined in Step 3. + **\$ 5.00**

Your Premium Payment For Portability Coverage **Grand Total** \$ _____

Check or money order for the first premium payment must be sent with this completed form to the following address:

LifeMap Assurance Company
 P O Box 1271, MS E3A
 Portland, Oregon 97207-1271

Premium must be received **within 31 days** of the date coverage terminates under the group policy. We will bill you for future payments, 2-4 weeks before your next premium due date.

VOLUNTARY RATES FOR PORTABILITY COVERAGE

MONTHLY RATE PER \$1,000 OF COVERAGE

(The Voluntary Life Insurance premium for Employee and Spouse is determined by the Employee’s age)

<u>EMPLOYEE RATES</u>				<u>SPOUSE RATES</u>			
<u>Age</u>	<u>Rate</u>	<u>Age</u>	<u>Rate</u>	<u>Age</u>	<u>Rate</u>	<u>Age</u>	<u>Rate</u>
Under 25	\$0.041	45 – 49	\$0.146	Under 25	\$0.044	45 – 49	\$0.154
25 – 29	\$0.044	50 – 54	\$0.224	25 – 29	\$0.066	50 – 54	\$0.276
30 – 34	\$0.061	55 – 59	\$0.371	30 – 34	\$0.078	55 – 59	\$0.452
35 – 39	\$0.080	60 – 64	\$0.642	35 – 39	\$0.088	60 – 64	\$0.826
40 – 44	\$0.100			40 – 44	\$0.100		

MONTHLY CHILD RATE: \$0.187 per \$1,000 of Coverage

All Portability insurance benefits terminate on the premium due date next following the Insured Person’s 65th birthday.