

Participant Beneficiary Designation Form

Products and financial services provided by
American United Life Insurance Company®
a ONEAMERICA® company
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Instructions for the Plan Participant

1. Complete the **"Participant Marital Status"** section of this form.
2. To designate a Beneficiary or Beneficiaries, complete the **"Beneficiary Designation"** section of this form.
3. Read, then complete the **"Participant Signature"** section of this form.
4. If you are married and have met any of the requirements necessary for spousal consent, have your spouse read, then complete the **"Spousal Authorization"** section of this form.
5. Keep a copy of the completed form with your other important records and return the original to your plan representative.

Information for Plan Participant

Spousal Consent Information

Spousal consent is required when a Plan participant wishes to designate a Beneficiary other than, or in addition to, his/her spouse and the laws of a community property state apply. If these requirements apply to you and you have designated someone other than your spouse in the **"Beneficiary Designation"** section, you must obtain your spouse's consent in the **"Spousal Authorization"** section of this form. In addition, if required by applicable state law, this form must be signed in the presence of a Notary Public. It is your responsibility to determine if spousal consent is required and to ascertain if the language appearing in the **"Spousal Authorization"** section is sufficient to satisfy applicable state laws. American United Life Insurance Company® is not liable for any consequences resulting from your failure to provide proper spousal consent. Failure to provide proper spousal consent may invalidate your Beneficiary designation. Please consult your tax or legal advisor if you have questions about this section.

Trust Information

If your Beneficiary is a trust, there shall be no obligation to inquire into the terms of the trust, and payment of the proceeds as provided in the designation will be a full discharge from all liability. If, before payment of the proceeds is made, satisfactory proof is presented that the trust has been revoked or is not in effect at your death, the proceeds shall be paid to the next class of Beneficiary or to your estate if there is no such Beneficiary. If the trust has been created by a will but fails to come into existence for any reason, the proceeds shall be paid to the next class of Beneficiary or to your estate if there is no such Beneficiary.

Community Property Information

(Only applicable to Plans not subject to the Employee Retirement Income Security Act (ERISA) of 1974 and in the states of Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington and Wisconsin. This is also applicable in Alaska if you and your spouse agree to make it community property through a community property agreement or a community property trust).

If there has been no previous written notice of community property interest and the space for the consent of your spouse is not completed, then anyone acting on the information contained herein shall be entitled to rely on his/her good faith belief that no such interest exists.

This good faith reliance shall apply to any payment to a named Beneficiary even though:

1. You have not obtained the consent of a former spouse having a community interest; or,
2. You and your spouse subsequently divorce; or,
3. Your spouse dies after the date of execution of this designation; or,
4. You and your spouse subsequently sever your interest in the community.

Participant Marital Status

- I certify that I am married.
- I certify that I am not married at this time. I understand that if I marry in the future, I must complete a new Participant Beneficiary Designation Form, which includes the spousal consent documentation.

Participant Name: _____ Social Security Number: _____
 Plan Name: DOL FNS Plan Number: 676298

Beneficiary Designation

Complete this section to designate a Beneficiary or Beneficiaries. Enter full names, relationship to you (for example, spouse, child, grandchild, etc.), Social Security Number, and date of birth.

Benefits are payable to the survivors within the highest class (Primary, Secondary or Tertiary) in equal shares unless specified otherwise here. The rights of other Beneficiaries shall terminate upon such payment.

The Beneficiary or Beneficiaries for the benefit payable at my death shall be as follows:

Primary Beneficiary

1. _____ M F _____ %
 NAME (FIRST, M.I., LAST) SOC. SEC. # RELATIONSHIP DOB
 ADDRESS CITY, STATE, ZIP

2. _____ M F _____ %
 NAME (FIRST, M.I., LAST) SOC. SEC. # RELATIONSHIP DOB
 ADDRESS CITY, STATE, ZIP

3. _____ M F _____ %
 NAME (FIRST, M.I., LAST) SOC. SEC. # RELATIONSHIP DOB
 ADDRESS CITY, STATE, ZIP
Designated percentage(s) must total 100%.

If naming a Trust:
 FULL NAME OF TRUST FULL NAME OF TRUSTEE(S) DATE OF TRUST

If no primary Beneficiary is living at the time of your death, benefits will be paid to the second class of Beneficiaries.

Secondary Beneficiary

1. _____ M F _____ %
 NAME (FIRST, M.I., LAST) SOC. SEC. # RELATIONSHIP DOB
 ADDRESS CITY, STATE, ZIP

2. _____ M F _____ %
 NAME (FIRST, M.I., LAST) SOC. SEC. # RELATIONSHIP DOB
 ADDRESS CITY, STATE, ZIP

3. _____ M F _____ %
 NAME (FIRST, M.I., LAST) SOC. SEC. # RELATIONSHIP DOB
 ADDRESS CITY, STATE, ZIP
Designated percentage(s) must total 100%.

If naming a Trust:
 FULL NAME OF TRUST FULL NAME OF TRUSTEE(S) DATE OF TRUST

If no secondary Beneficiary is living at the time of your death, benefits will be paid to the tertiary class of Beneficiaries.

Tertiary Beneficiary

1. _____ M F _____ %
 NAME (FIRST, M.I., LAST) SOC. SEC. # RELATIONSHIP DOB
 ADDRESS CITY, STATE, ZIP

2. _____ M F _____ %
 NAME (FIRST, M.I., LAST) SOC. SEC. # RELATIONSHIP DOB
 ADDRESS CITY, STATE, ZIP

3. _____ M F _____ %
 NAME (FIRST, M.I., LAST) SOC. SEC. # RELATIONSHIP DOB
 ADDRESS CITY, STATE, ZIP
Designated percentage(s) must total 100%.

If naming a Trust:
 FULL NAME OF TRUST FULL NAME OF TRUSTEE(S) DATE OF TRUST

