



MUTUAL SERVICE LIFE INSURANCE COMPANY
 P.O. BOX 64035
 ST. PAUL, MN 55164

BENEFICIARY DESIGNATION
 University of Wisconsin Employees, Inc.
 Policy Number 2030

1. Complete and return to the above address.
2. Complete in ink.
3. Show the full names of all beneficiaries, even those previously designated (Do not use expressions such as "same as before" or "no change.")
4. Children of an insured (including adopted children and those unborn) may be named as primary beneficiary or contingent beneficiary without listing them by name. Use "Children of the Insured."
5. A copy of this form will be returned to you after being filed and recorded. **IT SHOULD BE ATTACHED TO YOUR CERTIFICATE.**

Name of Insured: _____

Social Security Number: _____

Address of Insured _____

I request that all previous beneficiary designations and directions for the benefits provided by this policy be cancelled and that upon the death of the insured the benefits be paid in one sum to:

	Name	Date of Birth	Relationship to Insured	Address of Beneficiary
Primary Beneficiary				
Contingent Beneficiary				

In this designation "child" and "children" includes legally adopted sons and daughters. These terms do not include grandchildren or other descendents.

Except as otherwise directed in this designation, the benefit will be divided equally among all persons who are named as primary beneficiary and who survive the insured, but if non survive, among all persons who are named as contingent beneficiary and who survive the insured.

X _____
 (Signature of Insured)

Date _____, 20 _____

This beneficiary designation has been received by and filed with the company at its Home Office, and presentation of the policy for endorsement, if required, has been waived.

MUTUAL SERVICE LIFE INSURANCE COMPANY

Paul M. Harmon

Date Recorded:
 Registrar:

Secretary