

APPOINTMENT OF NEW BENEFICIARY

Please complete this form and forward to the Great-West Life & Annuity Insurance Company. A recorded copy will be returned for filing with your Group Certificate.

Name of Insured: _____ Income Protection Policy 1105

Name of Group: *AMERICAN DENTAL ASSOCIATION* ADA # _____

If the insured is eligible for unpaid disability benefits at the time of death, benefits will be payable to your named beneficiary.

If more than one beneficiary is listed, please indicate the percentage to be paid to each beneficiary. If no percentage is indicated, the benefit will be paid equally among the beneficiaries.

I hereby revoke any previous appointment and appoint the following as beneficiary of any moneys payable upon death.

DESIGNATION OF BENEFICIARY
PRIMARY (to include FULL NAME AND RELATIONSHIP for each entity)

Full Name	Relationship	Percentage
_____	_____	_____
_____	_____	_____
_____	_____	_____

CONTINGENT (if Primary Beneficiary predeceases Insured OR dies after Insured but before proceeds exhausted).

Full Name	Relationship	Percentage
_____	_____	_____
_____	_____	_____
_____	_____	_____

Signature of Insured _____

Date _____

Noted in the books of Great-West Life & Annuity Insurance Company

COMMON BENEFICIARY DESIGNATIONS	
Proposed Beneficiary	Insert Name
1. Wife	Jane Doe
2. Named Children	Mary Doe & James Doe
3. Children of Insured	Johnny Doe and Cindy Doe
4. Children per stirpes*	Children per stirpes
5. Children born of a particular	Children born of the marriage of the Insured and Jane Doe
6. Estate of the Insured	Estate of the Insured
7. Corporation	ABC Company, Inc.
8. Partnership	Smith & Jones Partnership
9. Trustee under Trust Agreement	(name of Trustee), or successor(s) in Trust, as Trustee under the _____ (name of Trust) dated _____ (date of Trust)
10. Creditor a interest appears, and balance to Wife	ABC Company, Inc. as its interest appears and any balance to Jane Doe
11. 50% to Wife, 50% to Daughter	50% to Mary Doe, 50% to Jane Doe
12. Trustee Under Last Will & Testament	Trustee named in Last Will & Testament. If no Trustee qualifies or if no Will is admitted to probate within six months of the Insured's death then to the Executors or Administrators of the Insured.
13. Dollar Amounts (if percentages cannot be applied)	\$50,000 to Jane Doe, wife \$25,000 to Sam Doe, brother <i>Note:</i> The following clause must be on the form: "If the total amount of proceeds is not sufficient to provide the full amount due to each said beneficiary, or if the total amount due exceeds the specified amount due to each said beneficiary, the proceeds will be applied proportionately."
*Proceeds are divided equally among named beneficiaries. If a beneficiary dies before the Insured, their proceeds shall be paid to the beneficiary(ies) children. For each beneficiary give full name and relationship to the Insured.	

SIGNATURE REQUIREMENTS	
If current Owner(s) is/are	Signature Requirements
1. An Individual	The individual signs the form.
2. Joint Owners	All owners sign the form.
3. A Corporation	The signature of two authorized officers, including his or her title over company name, or one officer with title under corporate seal.
4. A Trust	The signature of the trustee(s) with the title "Trustee" appearing next to the signature, as well as the name and date of the Trust.
5. A General Partnership	The signature of at least two partners other than insured, with the title "Partner" appearing next to the signatures as well as the name of the Partnership.
6. A Limited Partnership	The signature of the General Partner, with the title "General Partner" appearing next to the signature, as well as the name of the Partnership.