

United of Omaha Life and Accidental Death & Dismemberment DESIGNATION OF BENEFICIARY

CHECK ONE:

- Teamsters 3 and Administrative Assts./Executive Assts. (GLUG-VE50)
- Central Administrators and Building Administrators (GLUG-VE50)
- Management-Professional/Non-Represented (GLUG-VE50)

POLICYHOLDER:

Highline School District #401
15675 Ambaum Boulevard Southwest
Burien, Washington 98166

EMPLOYEE

LAST NAME	FIRST NAME	M.I.	SOCIAL SECURITY NUMBER

Subject to the terms of the above Group Contract(s), between United of Omaha Life Insurance Company and Highline School District #401, hereinafter referred to as "policyholder", I request that the following beneficiary (beneficiaries) be named under said contract(s) as my designated beneficiary (beneficiaries) in lieu of any and all beneficiaries which may have previously been named by me:

PRIMARY BENEFICIARIES

(NOTE: Unless otherwise indicated below, primary beneficiaries shall share equally.)

LAST NAME	FIRST NAME	DATE OF BIRTH	%	RELATIONSHIP

CONTINGENT BENEFICIARIES

(NOTE: Unless otherwise indicated below, contingent beneficiaries shall share equally in the event no primary beneficiaries are living.)

LAST NAME	FIRST NAME	DATE OF BIRTH	%	RELATIONSHIP

Unless otherwise above expressly provided, if any beneficiary above designated predeceases me, the share which such beneficiary would have received if such beneficiary had survived me, shall be payable equally to the remaining designated beneficiary or beneficiaries, if any, who survived me, but if no designated beneficiary survives me, the beneficiary shall be determined as prescribed in said Group Contract(s).

If this Designation of Beneficiary refers only to a Group Life Insurance contract and if I am also insured under a Group Death and Dismemberment insurance contract issued by United of Omaha Life Insurance Company, this designation shall apply to both contracts unless I make a separate designation on or after the date of this designation.

This Designation of Beneficiary is subject to change as provided in said Group Contract(s).

EMPLOYEE SIGNATURE	DATE	WITNESS SIGNATURE