AMERICAN FIDELITY
a different opinion

Beneficiary Designation Form

Employer	Policy Number	Employee Phone Number
Mt. Diablo USD	MCP: 38456	
Employee Name	**Employee SSN**	**Employee DOB**

It is important to clearly indicate your primary beneficiary(ies) and contingent beneficiary(ies). Proceeds are paid to contingent beneficiary(ies) only if there is no surviving primary beneficiary(ies). This beneficiary designation supersedes and cancels all prior beneficiary designations by the insured person for the policy indicated. The undersigned hereby declares that he/she has not been declared incompetent and no court order or laws prevent naming the below designee(s). Subject to the provisions of the policy and applicable laws it is requested the beneficiary of any policy proceeds payable at the death of the insured person be as follows:

Primary Beneficiary(ies)

Name	Relationship	DOB	SSN	Address	Percentage

Contingent Beneficiary(ies)

Name	Relationship	DOB	SSN	Address	Percentage

Community Property State Consent for Residents of Alaska, Arizona, California, Idaho, Louisiana, Puerto Rico, Nevada, New Mexico, Texas, Washington or Wisconsin. If you are married, live in a community property state, and name someone other than your spouse as beneficiary, you may have your spouse sign below to waive his or her rights to any community property interest in the benefit.
As the insured's spouse, I do hereby consent to the beneficiary designation(s) indicated on this form and waive any rights that I may have to the proceeds of such insurance under applicable community property laws.

_____ _____
Spouse's signature and consent (if applicable) Date

_____ _____ _____
Signature of Insured Printed Name Date

_____ _____ _____
Signature of Witness Printed Name Date

(The witness must have no interest in the policy or be a named beneficiary.)

Form#PS146