



1689 C Street, Suite 219
 Anchorage, Alaska 99501
 (907) 272-0707

Shareholder Life Insurance Beneficiary Form

Name: Last		First, Middle		Suffix	
Address			City	State	Zip
Date of Birth / /	Social Security Number - -	Phone number		# Shares*	Class*

*leave blank if unsure

Beneficiary Designation

PRIMARY

Name: Last, First MI	Percentage	Social Security Number - -	Date of Birth / /
Address, City, State, Zip		Phone number	Relationship
Name: Last, First MI	Percentage	Social Security Number - -	Date of Birth / /
Address, City, State, Zip		Phone number	Relationship
Name: Last, First MI	Percentage	Social Security Number - -	Date of Birth / /
Address, City, State, Zip		Phone number	Relationship

If minor child(ren), please designate an adult custodian: _____

CONTINGENT

Name: Last, First MI	Percentage	Social Security Number - -	Date of Birth / /
Address, City, State, Zip		Phone number	Relationship
Name: Last, First MI	Percentage	Social Security Number - -	Date of Birth / /
Address, City, State, Zip		Phone number	Relationship
Name: Last, First MI	Percentage	Social Security Number - -	Date of Birth / /
Address, City, State, Zip		Phone number	Relationship

If minor child(ren), please designate an adult custodian: _____

Signature _____

Date _____

Office use only

SH Vendor # _____ # shares: A: _____ B: _____ X: _____